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ART. I.—*Notes on Medical Matters and Medical Men in Paris.* By DAVID W. YANDELL, M.D., of Louisville, Ky.

There are few wards in Paris that offer more instructive cases to the student than those of M. Jobert, at Saint Louis. The following is one which he treated not long since. The case was one of *spontaneous gangrene* occupying the left foot of a man aged thirty-nine years, a painter by occupation. Here, as is almost always the fact, the cause of the disease remains unknown. It is true, as we shall see further along, that an arteritis had preceded the appearance of the gangrene; but the difficulty is not thus removed, and, besides, nothing reveals under what influence the arteries of the leg became inflamed. In fact, remarked M. J., our patient is of a very good constitution; he has never committed excesses of any kind, and he assures us that no mechanical violence was concerned in the production of the disease. It is now seven years since he

commenced to feel in the leg pains which appeared at intervals for four years, when they became continued, and augmented in intensity; in the last two years he has remarked that his leg, while the whole of it became cold, diminished in volume. Finally, about six weeks since, the foot blackened, and the skin which enveloped it became covered with numerous phlyctænæ. At the time of the operation, you will remark the following condition of things: blackish tint of the toes, upon which the skin is dry and horn like; coloration of the same nature on the back of the foot, with this difference, that the gangrene there is moist rather than dry; in front of the tibio-tarsal articulation a large eschar, with a greyish black base, and the discharge of an ichorous liquid, testifies the presence of a recent mortification of the skin of this region. A little above this wound, the skin is red around the whole circumference of the leg, and this redness, which terminates abruptly, has remained stationary for some days, indicating that the gangrene is not in a stage of progression. Except the discoloration, the dermis is in all respects in a state of integrity. The patient was carried to the amphitheatre, and after inhaling the vapors of ether for some minutes, M. Jobert removed his leg according to the flap method, at the middle third. The arteries furnished very little blood, and the operator remarked that the blood was blacker than in the normal state, and that, consequently, there had been a commencement of asphyxia. The patient, who at the moment of the division of the skin had moved suddenly, preserved no recollection of the pain. It was easily to be seen, after the lapse of a few days, that not only re-union by first intention would not be effected, but that, unfortunately, the gangrene continued its ascending march; soon, in fact, the soft parts fell in eschars and the denuded bones projected beyond them. A continued febrile action, delirium, general debility, and the appearance of a large gangrenous eschar upon the sacrum, announced a speedily fatal termination, and death occurred on the twelfth day after the operation.

The foot and the inferior part of the leg having been dis-

sected, M. Jobert pointed out the obliteration of the tibial arteries, which bore traces of a recent inflammation.

M. Jobert's Method of Treating Fractures. For the last fourteen years, M. Jobert has treated fractures of the leg, I may say, without the bandage. It would be strange indeed if a man of his intelligence, who in more than one respect is in advance of his countrymen, should persist in any plan of treatment, for so many years, if it was not at least equal, and on some accounts superior, to the more common, and, as I might say, more orthodox systems. Placing the fractured member upon a cushion, he embraces the foot with a simple bandage. in the form of a stirrup, the ends of which serve to effect extension, which is afterwards rendered permanent by their being firmly attached to the foot of the bed. Counter-extension is practised by means of a towel, the centre of which is placed upon the pelvis, and the two extremities fastened to the head of the bed. In this way the limb is ready for the application of topical remedies if rendered necessary, either by a wound of the integuments, a phlegmon, or any other affection. This, however, according to Jobert, is not the only advantage of this method of treatment. The fractured limb, not being submitted to any compression, its circulation is performed as in the normal state; and certainly it cannot be denied that this is a condition in every way favorable to the prompt formation of the callus. Moreover, in the leg, the muscular powers act but little, and a feeble force is sufficient to maintain the osseous fragments in a position suitable for obtaining a consolidation without shortening.

I do not propose to compare this mode of treatment of fractures of the leg with those employed by other surgeons. It is at any rate simple, and any one who will follow M. Jobert in his visits will see, among probably the largest number of fractures that are to be found in any service in Paris, the most perfect and beautiful cures of this class of accidents effected by a strip of bandage and a towel.

Burns. Dupuytren laid down six degrees of burns, according to their intensity, a division than which there is probably not a better. His classification was the following: 1st, superficial inflammation of the skin without phlyctens; 2d, inflammation with phlyctens; 3d, disorganization of a portion of the papillæ of the skin; 4th, the dermis reduced to eschar; 5th, combustion of the tissues to the bone; 6th, carbonization of the whole of a member. M. Jobert is in the habit of treating burns by the application of bladders filled with ice, the part being previously covered by a compress with holes punched in it and a large anodyne of cerate spread upon it. M. J. is of opinion that recovery is more promptly obtained in this way. On this subject I do not pronounce an opinion, but there is no doubt that the pain, which is the principal feature in burns of the skin, is relieved in an astonishing degree from the first hour of the application of the ice.

The following cases treated a short time since by M. M. Jobert and Malgaigne, in the wards of St. Louis, afford an illustration of their modes of treatment:

In consequence of the explosion of a steam boiler, sixteen men, who were occupied around it, were burned and otherwise injured, four of whom died immediately; the remaining twelve were carried to St. Louis, nine into the wards of Malgaigne, three into those of Jobert. The treatment of these two surgeons being different, I will briefly notice the condition and management of the whole, commencing with the nine in Malgaigne's ward.

Case I.—*Wound of the Head, with loss of substance of the Bone and Encephalon.—Death.* In bed No. 30 was placed a man named Bernard æt. twenty-one years. His body and extremities were covered with contusions and burns; the superior part of his head presented a vast wound with loss of substance of the bones and encephalon. Besides this, the skin was cold; pulse extremely feeble, scarcely perceptible; complete loss of sensibility and consciousness; stertorous respiration. Malgaigne, after carefully examining the unfortunate man declared that there was no chance of his recovery. This was

at eleven o'clock, A. M.; at half-past one o'clock, P. M., he died.

CASE II.—*Grave Burn of the Face, Trunk, and Superior Extremities.* The patient, a man twenty-three years old, presented a deep burn of the whole right half of the face, the forearms and the hands, and of the right side of the chest. He suffered the most distressing pains. Pulse 112, small, hardly perceptible. On the day of his entry a very abundant discharge of blood occurred from the auditory channel of the right side, which ceased the following day. Malgaigne prescribed on the 7th (the day of entry) an infusion of tilia (*tilia Europea*), and on the 8th a honied injection. (*Lavement miellé.*) The burns were dressed with the lime liniment and cotton batting. Five days elapsed, and although the patient had outlived the pain, there was one of the burns which created the greatest anxiety, in view of the reaction which precedes the fall of the eschars and the suppuration which necessarily accompanies it. On the 11th the work of elimination commenced. The pulse was very hard and frequent, 120; skin hot; thirst intense. The patient frequently endeavored to get up from bed, and was obliged to be constantly watched. At one o'clock, A. M., on the 12th, he died.

CASE III.—*Burns of the Trunk and Members; Wounds of the Face and Scalp.* Joseph Chopin, æt. twenty-five years, offered a burn of the chest, thighs and right arm, wounds upon the scalp, nose and right eye-lid which presents considerable ecchymosis. Malgaigne prescribed the infusion of tilia for tisane, and dressing with the lime liniment and cotton. At the evening visit, the pulse which in the morning was feeble and at 64, regained its force and frequency, 92. The interne took about twelve ounces of blood from the patient's arm. On the 8th, Malgaigne, finding the pulse as frequent though less strong. did not repeat the bleeding. But on the 10th, the pulse having again augmented in force and frequency, the patient was bled both in the morning and evening. On the 11th, the patient was in almost the same condition, no accident having yet supervened. On the 13th, an intense

erysipelas was developed on the face and scalp, and at ten o'clock, P., M., on the 15th, he died.

CASE IV.—*Burn of the Buttock and the Right Superior Extremity.—Contusions of the Face.* Renard, æt. fifty-six years, presented a very deep burn about the size of the hand, on the right buttock, also another situated on the right arm about the humero-cubital articulation. There were also contusions upon the face. In the morning the expression of the patient's face was somewhat stupified; his pulse small and at 112. During the day the pulse returned to almost the normal condition at 64 pulsations, but in the evening it regained in force and frequency; it was then 84. Venesection. On the 8th, the patient said he had slept the night previous; he then appeared a little drowsy, was pretty well and asked for something to eat. Skin moist, pulse 80. Ordered sugared gum; some dressing, broths and soups. On the 11th, the patient complained of pain from his burn on the buttock only when lying upon his back, and again asked for something to eat.

CASE V.—*Contusion of the Head and of the Right Leg.* Victor, aged seventeen years, who had been more scared than hurt, only offered some slight contusion on his head and right leg. On the next day, being able to go about, he quit the hospital.

CASE VI.—*Burn of the Right Buttock.—Wounds of the Head and Right Thigh.* Joseph, æt. twenty-six years, presented on the right buttock a superficial burn not larger than the hand, and on the scalp a small wound without denudation of the bones. A wound that was not at all serious was observed also upon the right thigh. The evening of the day of the accident the patient's skin being hot, pulse hard and frequent, the interne bled him. On the 8th, Malgaigne ordered the wound to be dressed with the oleo-calcarious liniment and carded cotton. The pulse, although still frequent, (112) had lost the force which it possessed the preceding day, which circumstance induced M. not to prescribe another bleeding. In other respects the condition of the patient was so satisfactory that Malgaigne did not hesitate to give him broths. The

following day no accident supervened. On the 10th, the patient was able to eat a portion of solid food, and on the 11th he was allowed two. On the 16th, no complication has yet occurred; the wound of the thigh suppurates a good deal, and there exists a circumscribed swelling and pain around it.

Case VII.—*Contusions of the Inferior Members.—Wounds of the Head and Right Hand.* Betbeze, æt. twenty-five years, who was one of those who escaped the most fortunately, presented only two wounds, neither of which was serious, the one superficial and of small extent, situated on the scalp, the other on the right hand. Some traces of contusions are to be seen on the inferior extremities. There did not supervene in this case any reaction, nor any of those accidents which are so often observed in consequence of wounds of the head. On the 11th, the patient eat two portions of aliment, and walked in the garden. On the 16th, Malgaigne signed his *exeat.*

Case VIII.—*Wound of the Head.—Deep Burn of both Buttocks, and of the Left Leg.* Rolland was standing beside case No. 2 when the boiler burst, and although he suffered considerably, he was less mutilated than his neighbor; he presented nevertheless a deep burn of both buttocks, and two wounds, the one on the head and the other on the neck. The superior right eye-lid was the seat of a very considerable sanguine effusion. On the 8th, notwithstanding these lesions, Malgaigne found the patient in a state sufficiently satisfactory to warrant him in allowing him to take two soups. The burns were dressed with the oleo-calcarious liniment and the wound covered with simple dressings. On the 11th, no complication had supervened, and the patient eat a portion of aliment. On the 16th, the eschars commenced to detach themselves, and the suppuration was very abundant. Nevertheless the general condition of the patient was very satisfactory; he eat two portions.

Case IX.—*Wound of the Head.* Louis, æt. twenty-seven years, offered only a wound of the head, which caused some reactional symptoms that disappeared after two bleedings.

On the 11th, the patient commenced to eat, and in a few days was entirely restored.

Case X.—*Burn of the Thigh and Right Buttock.—Wound of the Left Leg.* Peter, æt. thirty-four years, presented a wound on the right buttock, and the superior part of the right thigh. There was observed also on the internal and middle part of the left leg a wound of a round form, of the size of a five franc piece, from which the muscles of the calf, violently contused and torn, project. Finally, the inferior members, and especially the right thigh, were more or less seriously contused. The patient, whose face bears the stamp of stupor, suffers acute pains. The pulse is frequent, but feeble. In the evening the stupor had disappeared, and the pulse had regained its force, and become still more frequent. Ordered bleeding. On the 8th, M. Jobert found the patient in the following condition: Skin hot, pulse hard and frequent. Sleepless night because of the severe pains which he had felt in his leg. Around the wound the skin was tense and red; the portion of the muscles which form a hernia beyond the edges of the wound are of a greyish color. The surgeon enlarged the wound by making, immediately above and below, two incisions, in order to relieve the strangulation, and thus prevent the mortification of the tissues. Being unable, from their situation, to apply ice to the burns, M. Jobert ordered them to be covered with simple dressing, and prescribed veal broth, sedlitz, bleeding, diet. On the 11th, the pulse was still full and frequent, and the skin hot but not dry. The large incisions made by the surgeon have not sufficed to prevent the mortification of the tissues which had been violently contused; and the leg presented on its internal surface, and in almost its whole length, a sphacelus which comprehended the skin and more or less of the subjacent tissues. On the 13th, the condition of the patient was in every way satisfactory, and he ate daily his allowance of food.

Case XI.—*Wounds of the Head and Left Foot.*—Toussaint, æt. forty-eight years, presented on the middle of the forehead an extensive wound, which was prolonged for some

distance upon the scalp. The superior eye-lid of the left side offered considerable ecchymosis. There was also a small and unimportant wound of the inferior part of the left leg. The patient had at no moment lost his consciousness; he did not complain a great deal of pain, though he spoke of a sensation of heaviness in the head. At the evening visit his pulse was hard and frequent. Ordered bleeding. On the 8th, and the day following, Jobert prescribed emeticised veal broth; venesection; cataplasms; diet. On the 13th, after five copious bleedings, no accident has supervened; the sanguine effusion in the eye-lid has been absorbed: the case was progressing well; allowed him a portion of food. On the 16th, the state of the patient continued to be satisfactory.

Case XII.—*Burn of both Hands and of the Right Knee.* Mennier, æt. forty-six years, was burnt on the dorsal surface of the two hands, and also upon the superior part of the right knee. On the 8th, Jobert ordered the burns to be covered with a cloth dressed with cerate, and upon this bladders to be laid filled with ice; he prescribed, at the same time, emeticised veal broth; bathing with warm water; diet. On the 10th, no complication had occurred; allowed a portion of food. On the 13th, the patient complained of pain in the left side of the chest; but the most careful examination revealed nothing. Notwithstanding this, however, Jobert ordered some cups to be applied to the painful part. 16th, patient continued to progress well. The pain in the chest has almost completely disappeared; the burns have commenced to cicatrise and every thing promised that the patient would soon be able to quit the hospital.

You may say, and with truth, too, that these cases present no special interest; but it is by a report of the treatment of simple accidents, that I can give you the most correct idea of the existing state of French surgery. With all the great points of the science in France, American physicians are of course familiar. With the minor but not the less important features they may not be so well acquainted. Relative to the local treatment of burns, we see that the two surgeons of St.

Louis hospital use widely different therapeutic agents. Thus, Jobert employs, as a general method, whatever may be the degree of the burn, refrigerants; covering the wounded surfaces with a greased piece of linen, upon which he afterwards applies bladders filled with ice. By this method he proposes to obtain, 1st, the mitigation of the acute pain incident to burns; 2d, the diminution or prevention of the consecutive inflammatory reaction; 3d, the diminution of the suppuration which precedes and follows the fall of the eschars; 4th, and finally, the more rapid cicatrisation of the wounds. It is necessary to remark, however, that there are cases in which the employment of ice is contra-indicated; as for instance when the patient presents complication on the part of the thorax, or even a predisposition to pulmonary diseases; when the burns, situated on the chest or the posterior part of the trunk, are of very great extent; in which latter case the dorsal decubitus will be impossible, and in the other case we should aggravate pulmonary affections, or at least favor their development. Finally, ice should not be employed during the period of catamenial discharges. Besides these there are, of course, other circumstances which render the use of ice inadvisable, to which, however, it is unnecessary to allude.

Malgaigne, on the other hand, prefers to the employment of ice the use of the oleo-calcarious liniment and carded cotton. He associates these two means, because the application of the cotton alone does not calm with sufficient promptness the pain, nor the liniment alone protect the injured surface from friction, as of the bed clothes, for instance. After the example of Velpeau, Malgaigne employs a liniment composed of equal parts of olive oil and lime water. M. Miguel, who seems to have occupied himself especially with this subject, prefers the following preparation: oil of sweet almonds, one part; lime water, two parts. Malgaigne, in employing the former liniment and dressing, thinks that he obtains especially, the diminution, and in some cases even the cessation, of the pain. Doubtless there are cases in which ice would be applicable, and probably more efficient than the liniment and card-

ed cotton; and there are other cases, again, where ice could not be used, and the liniment and cotton would be of service. There is no question in my mind that both means possess considerable value.

If I have not given you any of M. Rostan's clinical lectures which he commenced a month or two ago, it is because my private courses occupied me in such a way, that I found it impossible to do so in a satisfactory manner, and not because each one did not contain interesting and valuable matter. The following on the *march of pulmonary phthisis and the cadaveric lesions of this affection*, he delivered a few days since:—In bed No. 11, of ward St. Antoine, we had a woman who had died of a tuberculous affection of the lung. You see so many examples of this disease in the hospital, and you are so familiar with its history, that we shall not insist upon it at any length this morning. Nevertheless, this case presents a particular feature which renders it interesting and worthy of your attention. We proceed to recall, in as few words as possible, its history, and the pathological alterations that were found at the autopsy. The woman was aged twenty-four years. When she arrived in our wards she was, as you remember, very vague in her replies to our questions; we were obliged to interrogate her a long time with great patience and in the most rigorous manner; she replied briefly and unsatisfactorily to the questions addressed to her. Auscultation and percussion sufficed, however, to reveal her pathological state. She was confined, a short time ago—four or five weeks; since which time too she has felt sick; but in a general way, and without being able to indicate any organ which suffered particularly either in its functions or sensibility. She complained of weakness of the inferior members, from which one might infer, and in fact from which we did ourselves infer, that the spinal marrow was affected. Let us remember the symptoms observed in this respect; for although nothing of this kind was found at the autopsy, it is well to bear it in mind. She was of feeble constitution, lymphatic temperament; we pointed

out to you the narrowness of the thoracic and abdominal cavities, particularly the first; the thinness and slenderness of the extremities; the paleness of the face. At the time of her entrance and during the following days she had great thirst, dry tongue, no appetite, habitual constipation; her urine normal, and passed with facility. The pulse was 112; respiration 32; slight pains in the breast, vague and without any precise and determined seat. Cough not very frequent; some mucous expectoration without trace of pus. Menstruation performed regularly. The catamenia have appeared once since her confinement. Skin hot; no chilliness. The nervous system seemed unaffected, save the feebleness of the legs which we have mentioned. In this state of things you should percuss and auscultate the chest with care: this is what we did. We found very evident dullness under the left clavicle. Respiration was strong, hard, *soufflant*, almost cavernous. When the patient spoke, resounding of the voice; numerous crepitations during strong inspiration, principally during the cough. We pronounced, as our diagnosis, tuberculous pulmonary affection, at the third period. There was not the slightest question of this, and the physical signs were unfortunately of disheartening clearness. Remark, moreover, that this woman assured us, that before her pregnancy her health had been perfectly good; that it had appeared equally good during gestation, and that before labor she coughed very little, if at all.

The author of a recent work endeavors to establish, that pregnancy and parturition exercise no appreciable influence upon pulmonary tuberculisation. Some distinguished men have asserted that the march of the tuberculous affection was in no respect accelerated by these conditions. But at the very moment when the authors of whom we speak were setting forth this opinion, we have had occasion to observe, in both the hospital, and in our private practice, examples of tuberculous women in whom, contrary to this assertion, the disease had progressed very rapidly after the labor. We must retain the conviction, then, after the daily observation of numerous facts, that under circumstances of this kind, tuberculisation makes

ordinarily very rapid progress, and are obliged to dissent from the views above alluded to. The very case about which we are occupied this morning, is in direct opposition to those views. Before and during her pregnancy, the woman had very little cough. She is scarcely delivered when the tuberculous affection assumes a more rapid pace, and in a very little time, only a few weeks, death supervenes. As to the general state, when we saw this woman the first time, we could have said that the disease with which she was affected was *latent*, although the local state was already advanced, as was proved by the dullness, the pectoriloquy, the rudeness, and the *soufflant* character of the respiration. There had been constipation, which is an uncommon circumstance at the period when the alteration is so serious. During the greater part of her sojourn in our wards, the disease seemed to remain stationary. We ought to say that, the diagnosis once established,—the affection recognised in a positive, and perfectly distinct manner,—we did not subject the patient to an attentive daily examination. We contented ourselves with merely a glance at the general condition, and with watching for the appearance of symptoms which should indicate a grave alteration of the economy. One day the patient complained of having a diarrhea. This led us to make an attentive and thorough examination; the febrile state was more intense; in a word, every thing indicated that, arrived at its third degree, the tuberculisation had assumed a more rapid march. The general health suffered, the emaciation became greater, the features of the face became altered, the eyes sank, the cheek bones projected, and were colored with that ominous red; the face generally assumed a livid yellow tint; the general phenomena became more and more clear, and the diarrhea augmented from day to day. Up to this time we confined ourselves to the prescription of a palliative treatment, consisting chiefly of calming drinks. In order to combat the diarrhea, we have had recourse to a very ancient preparation, at one time very much used, but almost fallen into neglect at present; we allude to *diascordium*. This preparation is extolled

in the old pharmacopœias as a remedy for chronic diarrhea; it is composed of a great number of substances, the majority of which are astringents, among which we may mention the *rose de provins*, gentian galbanum, snake weed, (polygonum bistorta,) storax, opium, etc., etc. The diarrhea ceased; after many intermissions it reappeared anew, and every time we mastered it by a few doses of the diascordium. We recommend the diascordium to you as being occasionally a precious resource. In certain cases analogous to this, the course consists in treating the symptoms, when we are able to do nothing more rational or efficacious. The patient died a few days since.

After having described in detail what passed during her life, let us pass to an account of what we have found at the autopsy. You know that independently of what we find in the chests of tuberculous persons—that is, apart from the affection itself, the pneumonias, the intercurrent and concomitant pleurisies—there is another very frequent series of lesions, namely, the alterations of the intestines, and especially of the small ones. These alterations are so common, so constant, that they generally receive but little attention. They are the result of an accumulation of tuberculous matter in the submucous cellular tissue; and ulceration succeeds to the softening of this matter. Every one knows that these ulcerations have the greatest resemblance to those of typhoid fever. The case now in hand, in the actual state of the intestine, proves at once how great is this analogy, and at the same time that the identity is not such that it is impossible to distinguish always the one disease from the other. What is the character that may assist us in making this distinction? It is the determination of the seat. If the ulcerations are without the patches of Peyer and the follicles of Brunner, it will be easy to see, at first glance, that they were not produced by typhoid fever. Then the best marked, and deepest ulcerations are not in the ilio-cæcal valve, in phthisis, as they are in typhoid fever. They occupy even the most elevated points of the intestine. This is the most frequent disposition. At other times however, there is a closer resemblance between

tuberculous ulcerations—of which you have seen so remarkable an example—and those of typhoid fever, of which we have shown you a specimen within a day or two. In the case in hand, as also in one of typhoid fever, to which we have just made allusion, the ulcerations occupied the patches and follicles. Still in this instance there was no typhus; and yet there cannot be the least doubt as to the nature of the ulcerations. Some authors have pretended, because of the identity of seat and aspect, that it was sometimes impossible to establish, with any certainty, the distinction between the ulceration in the one and the other case; in other words, an intestine being given, to determine accurately whether it belonged to a tuberculous or a typhoid patient. Now we will point out a character, by paying attention to which you may get clear of any doubts that may arise in your minds, and which will preserve you from confounding two pathological conditions so essentially different; this is the examination of the mesenteric ganglia.

In typhoid fever, as in tuberculisation, the mesenteric glanglia are tumefied, voluminous, diseased; but in the first case, the affection is purely inflammatory; they are hypertrophied, red, bluish, slate colored; they sometimes even suppurate. In tuberculous phthisis, they are always white, exclusively formed of tuberculous matter, and perfectly recognisable when divided with the scalpel. They are cheese-like and opaque; that is, they are tubercle, in the full force of the expression. And, now, in the case before us, what are the alterations that we have found in the lungs? Ancient adhesions, flabby lungs, caverns containing softened tuberculous matter mixed with blood; though we cannot decide whether the presence of the blood is not owing to the too violent pressure of the hands of those who made the autopsy. The presence of these caverns in the points which we had marked out, accounts for the cavernous *souffle*, and the gurgling sound heard during life. It is not our intention to give here the anatomo-pathological history of pulmonary phthisis, and shall finish our morning lesson by calling your attention to the fact that these lungs offer the three degrees

of tuberculisation—from the miliary granulations, abundantly disseminated throughout the whole of the lung, to the excavations situated as they most generally are, at the superior part.

M. Hugier, in the latter part of April, commenced his annual course of lectures, at Lourcine hospital, on the diseases of the genital organs of the female. One of his lectures was devoted to the diagnostic signs furnished by the inspection of the vulva and of the orifice of the vagina. He commenced by saying—Among the different means that may aid you in the diagnosis of the diseases of the genito-urinary organs of the female, there is one which authors scarcely mention that merits your attention. It is the inspection of the external genital parts. By the aid of this simple and unique means, we are often enabled to recognise certain facts, to distinguish certain uterine diseases, the existence of which is sometimes overlooked, or detected only after long and repeated examinations, insufficient and even inapplicable in many cases. In fact, you meet with women, who from fear, from excess of sensibility, from a feeling of real or affected modesty, refuse to allow you to pass into the interior of their sexual organs either your finger or the speculum. It happens, moreover, that with virgin girls, with women suffering from violent inflammations of the genital organs, or from certain vices of conformation, either natural or acquired, it is impossible to carry our exploration within the vulvar orifice. These, now, are grave and embarrassing circumstances, which render still more precious a diagnosis whose elements are furnished entirely by the inspection of the vulvo-perinæal region in certain cases of uterine affections. The attentive examination of the aspect of the vulvar region conducts us not only to the diagnosis of certain affections of the vulva itself, of the vagina and of the uterus; but enables us also to judge, in some degree, of the morals of women; in certain circumstances of their sexual habits. But this is not the place to expose the various changes that the vulvar and anal regions may

present, and to enter into their physiological and moral value. Let us hasten to this simple indication, to this question which possesses a true practical utility; the inspection of the vulvo-perinæal region as applied to the discovery of vulvar, vaginal and uterine diseases. Affections of the vulva, and vagina having been the subject of our lectures last year, we will confine ourselves now to diseases of the uterus. And first, of the aspect of the pudendum in the physiological state, in comparison with the morbid affections of the organs of generation.

1st. *Pregnancy.* The vulva in pregnant women presents a violet tint, barely indicated by authors, and no where described with the proper detail. This tint, of a violet red, entirely characteristic, is not uniform, not equally well marked throughout. Little apparent upon the internal surface of the great lips, it becomes very sensible upon the internal surface of the nymphæ, in the neighborhood of the clitoris and *meatus urinarius*, upon the tubercle of the vagina; when the mucous membrane becomes in some degree more delicate, thinner and more transparent. This violet tint cannot be confounded with the discoloration which certain women present from a varicose disposition of the veins of the genital organs. This latter is inseparable from the course of the venous trunk, whose form and direction it reproduces, whilst the tint of which we are speaking is in no degree confined to the course of the veins; it is spread out, so to speak, like a sheet; the discoloration, besides, does not offer the same shade in these two different states. It is at the end of the second month of pregnancy that we commence to observe it; and it becomes very evident in the course of the third month. The existence of the fact to which we refer, possesses an incontestable value; it precedes all the other sensible diagnostic signs of pregnancy, which can never be recognised before the end of the fourth month of gestation. We believe that the appearances of which we speak do not exist except during pregnancy, as it is only then that they can be demonstrated; a circumstance which acquires a certain value in a medico-legal point of

view. As to its origin—as to the causes which produce this violet tint itself, we may remark, that this phenomenon can only be attributed to the state of hyperæmic congestion in which the uterus is found, and to the compression of the pelvi-uterine veins. But is it objected, how does it happen that this tint does not exist in those states where various diseases of the uterus develop, to a considerable degree this organ, and constitute it equally the seat of a hyperæmic congestion? We will not attempt to refute this argument by physiological reasons; what is allowed us, and what is important is the establishment of the pathological fact itself.

Another peculiarity among pregnant women is the state of humidity of the vulva, which under certain circumstances may amount to a true discharge. The cellular tissue of the labia pudendi, nymphæ and clitoris, becomes the seat of a slight serous infiltration. Further, the piliferous follicles become hypertrophied and give to the external surface of the labia a granulous, mammellated appearance. The sudoric apparatus and the sebaceous glands perform their functions with increased activity, which causes an abnormal exaltation; a gluey and sticky condition of the parts. Whereas in those cases that may simulate pregnancy, the labia pudendi and nymphæ in some degree wither, and grow thin.

Let us sum up the characters furnished by the aspect of the vulvar region, which may serve us in the diagnosis of pregnancy. 1st. Violet tint, characteristic, and almost never wanting. 2d. Hypersecretion of the piliferous follicles; hypersecretion of the sebaceous follicles. 3d. Hyper-sudoric secretion; various degrees of œdema.

II. *State of the vulva after delivery.* It is especially in a therapeutic and medico-legal point of view that the examination of the state of the vulva after delivery merits particular attention. Let us see now whether this examination will lead us in any given case to determine whether labor has occurred at a period more or less recent. In a woman lately confined, we observe an abnormal dilatation of the vulvar orifice, a depression and shortening of the perineum, a widening of the

fourchette with or without rents, with or without recent cicatrices; the folds of the vulva, and the nymphæ are a little thicker than ordinary; from the vulva there flows a turbid liquid, resembling lees of wine, of an earthy or brick dust color, and specific odor. Relative to the rents of the vulva, you should especially remark their seat, extent and direction. If these rents are the result of labor, they will be seated, by preference, towards the posterior part of the vulva, at the fourchette, then upon the lateral parts, more often to the left; finally towards the union of the nymphæ with the labia majora, and particularly on the left side. You should note the form and direction of these rents. Those that are found in women recently delivered ordinarily offer a triangular form; the summit of which triangle looks towards the centre of the orifice of the vulva, whilst the base is directed towards the thighs; that is to say, from within outwards. Such is not the disposition of the solutions of continuity which are the consequence of external violence, as of the introduction of foreign bodies into the interior of the genital organs. Uniting all the signs that we have alluded to and described, you will be able to conclude as to the existence of an anterior and recent labor, and thus furnish useful light in a question of medical jurisprudence. The aspect of the vulva affords other peculiarities, in certain constitutional and pathological conditions of the female. In blondes —soft and lymphatic women—in chlorotic and scrofulous women, those who have a habitual amenorrhea, the labia pudendi, nymphæ and clitoris are poorly developed; the vulva is covered with very few hairs; the mucous membrane is pale, shining and cold, the papillæ and follicles are but slightly marked; the color of the vulva at its entrance is hardly distinguished from that of the skin of the labia majora and minora, as you will have an opportunity of observing at the end of the lecture, in two women laboring under a uterine affection. The skin of the vulvar region is deprived of the pigmentum that is observed more or less abundantly in *brunes* of good constitution, and which makes the labia pudendi and nymphæ present a very marked difference in color from the abdomen and

thighs. We moreover find in lymphatic and chlorotic women the orifice of the vulva and the beginning of the vagina often bathed by vaginal and uterine liquids; in this case you may rest assured that you have to deal with a hypersecretion from the vagina, arising from atony, with a uterine catarrh of the same nature, and that tonics and ferruginous preparations are indicated.

Let us add to the preceding some words upon the character of the liquids which bathe the vulva. If in separating the lips of the vulva you see escape an abundant, reddish, sanguinolent liquid, of a strong odor, you may suspect the existence of a cancer, of a polypus, or of a fibrous body projecting into the cavity of the uterus. If the liquid is creamy, of a yellowish white, more or less consistent, and not thready, nor elastic, it comes from the vagina. If there are albuminous flocculi, if the liquid is tenacious, transparent, of a greenish or yellowish white, it proceeds from the uterus, and you have to do with a simple hypersecretion, or a purulent uterine catarrh. We may still further remark, that in the case of cancer of the uterus, of fibrous tumor, of polypi, the rugæ and the folds which exist upon the mucous membrane of the vulva are almost entirely effaced; the papillæ and follicles have, so to speak, disappeared; the parts assume a smooth aspect, polished and shining, of a dim, pale tint. By this character alone we were able to expose, not long ago, an error of diagnosis in the subject of a woman regarded as having a uterine cancer, but who in reality had only a visico-vaginal fistula. This fistula, in consequence of the sojourn of the urine in the vagina, had inflamed and indurated the parts. Our first diagnosis based only upon the aspect of the vulva, was confirmed by a more profound and complete exploration by means of the touch and the speculum. What we have said must be sufficient to convince you of the value of the examination of the external genital organs in certain diseases of the uterus, some of which we will treat of at our next meeting.

The matter of these last pages will no doubt strike the reader as curious. It exhibits French medicine and French socie-

ty in what, to many, must appear a singular aspect. No where, probably, but at Paris, would it have entered into the minds of physicians to resort to examinations such as are here described, as a common practice, to make out the diagnosis of common diseases, or to decide upon the existence of pregnancy; and in no other society but that of this capital would females submit to such exposure for such purposes. The subject is instructive. We see to what refinements the processes of diagnosis are carried by practitioners here, and what novel and strange methods are put in requisition. A superficial examination is sufficient to convince us, that in this department of the science the French physicians are taking the lead of all others, and that in the investigation of diseases incident to females, they enjoy facilities such as no other practitioners can command.

Paris, July, 1847.

Art. II.—*A Case of Purpura Hemorrhagica.* By Samuel B. Robison, M.D., of Rutherford county, Tennessee.

The following case is reported, not because it affords any thing new, either in pathology or treatment; but because of the rareness of the disease, and the singularity of its phases. On the 7th of last August I was called to see the child of Mr. Robert H. Wood, of this vicinity, aged about fourteen months, and found it laboring, as I thought, under the ordinary bowel complaint of the season, for which I prescribed some astringent powders, such as I usually give in such cases, composed of calomel, prepared chalk, acetate of lead, and sulphate of morphia, in minute portions. About night I was called again, when I found it presenting the train of symptoms that opium usually induces; but in addition to these, there was a singular trembling and partial protrusion of the tongue. As the diarrhœa had ceased suddenly from the opiate powder, I gave it an

enema, but without relief. I next gave it an emetic of ipecac, which relieved it of the distress it then seemed to labor under, and it fell into a sweet sleep and rested well the remainder of the night. On my return next day, I found that its bowels had again become disordered, and that the body of the child was covered nearly all over with rubeolous patches which, declining after a few hours upon one part of the body, re-appeared upon another, until every inch of the surface seemed to be visited by the eruption. In a day or two, a small jet black spot, not much larger than a flea bite, made its appearance upon the right side of the neck, about one inch from the *pomum adami*, and upon examination I discovered similar specks over the abdomen. One appeared upon the tip of the tongue, and about this time the tongue became very sore, and the mercurial fetor was perceived in its breath. The gums were not swollen or tender. After a few days the general soreness of the tongue subsided, but upon this, a tumor, of the size of the end of a man's thumb, made its appearance under the tongue on the left side, of a livid color, and the consistency of the liver. This substance remained for about two weeks, and was finally thrown off and discharged per anum, leaving the tongue red and raw. About the time of the appearance of this unnatural substance under the tongue, blood was discharged from the mouth in considerable quantities, coming apparently from the fauces, and very shortly afterwards from the penis also in even larger quantities. These discharges were kept up for some time. Its bowels had now become regular, and the stools of a healthy character. Appetite generally very good. The black spots now faded away, to be replaced by dark colored blotches, as if the skin had been bruised by external violence. These remained until the child died. Blood was discharged from all the external orifices in quantities sufficient, it appeared to me, to drain the system; but still the strength of the patient did not visibly decline. Appetite remained good, but the emaciation became extreme. On the 27th of September, fifty-one days from the time I first

saw it, the child died, apparently from hemorrhage from the throat.

Our treatment in this case, we must confess, was purely experimental. We tried spirits of turpentine, muriatic and nitro-muriatic acid, mur. tinct. iron, cathartics, sarsaparilla, quinine, and some domestic remedies. One seemed to do about as much good as another, and none seemed to arrest in the slightest degree the fatal progress of the disease.

October 14, 1847.

Art. III.—*A Case of Poisoning by Tartar Emetic.* By John T. Gleaves, M.D., of Green Hill, Tennessee.

On the 27th of October, 1847, I was called to see R., a young man of good constitution and temperate habits, aged about twenty-four years. The messenger informed me that he had left the patient an hour before pulseless, speechless, and to all appearance in a dying condition. I found him on my arrival lying on his back, breathing slowly and laboriously, his face pale and altered, features shrunken, eyes fixed and turned upwards, pupils dilated, surface cold. He appeared to be unconscious, but stated afterwards that he knew what was passing around him, but was unable to speak. The action of his heart was intermitting and extremely feeble, and no pulse could be felt at the wrists.

On inquiring into the history of the sudden illness, I learned that R. had taken a dose of tartar emetic, and that the quantity actually swallowed by him was a *table spoonful.* This he did at three o'clock, in the afternoon, and an hour and a half afterwards, although he had drunk freely of warm water and tickled his fauces repeatedly with his fingers, no vomiting had occurred. Altogether, he vomited for the first three hours only two or three times, and the matter ejected was chiefly the warm water taken to favor the emesis. About two hours

after he had swallowed the medicine, he felt an inclination to evacuate his bowels, and going into the yard for that purpose, found himself unable to return to the house. He was carried in and laid on a pallet before the fire. The alvine discharges continued, and I found him passing involuntarily liquid stools in great excess. The thin matter thus discharged had actually run from one end of the room to the other.

I ordered immediately laudanum, in a decoction of galls, by the mouth, and in the shape of injections; applied sinapisms to the spine, abdomen and extremities, and directed brandy toddy to be given liberally.

This course was adopted at six o'clock, three hours after the poison was taken. In about seven hours the purging ceased, and reaction was established; the patient was able to give a rational answer to questions, and to describe his sufferings. He complained of great thirst, and a sense of burning in the fauces, œsophagus, stomach and lower bowels. Applied a blistering plaster to the abdomen, and for the laudanum and gall nuts substituted coffee. Stomach grew extremely irritable; vomitings repeated, matter discharged being tinged with blood; tongue red and smooth. Directed leeches to be applied to the epigastrium; gum water; morphia and calomel in minute doses.

I left the patient at day light with pulse 120, quick and small, stomach painful on pressure, and ejecting every thing taken.

22d. At five o'clock, P. M., I found my patient again cold, pulseless and speechless; abdomen tympanitic, and painful to the touch. The purging was arrested, but vomiting had continued through the day. Friction with flannels wet with warm spts. turpentine; sinapisms over all the body not blistered; flannel rollers saturated with spts. turp., to the extremities; hot applications to the feet. Reaction soon followed, and in an hour the condition of things was more promising than in the morning. Patient slept half an hour quietly; on waking, vomited a glairy matter mixed with blood. Mucilaginous drinks to be continued, with occasional small doses of

morphia and sulph. quinine. Bowels to be moved by olive oil.

23d. At four o'clock, P. M., learned that my patient had rested well the night before. Still vomits occasionally; bowels have acted; the passages dark, offensive, and composed in part of grumous blood. Complains of sore throat and difficulty in deglutition. On examination, find his fauces covered with pustules, some of which, having discharged their matter, have left small superficial ulcers. Pustules around the blistered surface on the abdomen. Stomach and bowels still tender to the touch, but no tympanitis. Painful micturition; the urine copious and high colored.—Morphia, quinine, and mucilaginous drinks; diet, gruel or chicken broth. I left him at nine o'clock asleep, skin moist and warm, pulse soft and about 100; breathing improved.

24th. Patient improving; the whole surface of his body and neck studded with genuine *tartar emetic pustules.* Complains of no pain, except the burning and itching of the skin from the pustules.

25th. Patient has rested well since last visit. Alvine dejections still slightly tinged with blood. Pustules appearing on the extremities.

27th. Pustules on the body are healing, while those on the extremities are proceeding to maturity. Burning sensation very distressing. Some of the pustules on the body are as large as a plum, and the matter so deep-seated in some, as to require an incision to discharge it.

The patient went on steadily to improve, and the process of desquamation was completed about the end of the second week from the time of the appearance of the pustules. He is now in as perfect health as he enjoyed before taking the poison.

Since treating the above case, I have witnessed pustulation of the surface in the case of a pneumonic patient, to whom I administered freely the tartar emetic.

April 20, 1847.

REVIEWS.

ART. IV.—*A Treatise on the Physical Cause of the Death of Christ, and its relation to the Principles and Practice of Christianity.* By WILLIAM STROUD, M.D. London. 1847.

Great absurdities have grown out of the attempt to mingle philosophy and religion; and yet a greater error could not be committed than to suppose that they are irreconcilable. They are necessarily harmonious, when properly interpreted and understood. It is only a "heretical religion" and a "fabulous philosophy," that make the "unwholesome mixture" which Lord Bacon condemns. Truth is a unit, and can never be self-contradictory. All that is true in science must be in harmony with the teachings of revelation, and in time will come to be so regarded, however for a season the two may be held up as in opposition. It was indeed an unhappy union, when, in the time of Galileo, the defenders of the faith, as they esteemed themselves, attempted to make Astronomy conform to their conceptions of religious truth; but no one reverences his Bible less, because these erring men were overthrown, and their interpretation of its meaning shown to be absurd. Revelation, which seemed to be assailed by astronomy, has found in that sublime science one of its allies and supports. And, from the nature of the case, so it must be with all physical science. Whatever may be the apparent tendency of any new truth in astronomy or geology, while still immature or only partially understood, in time, as it comes to be fully developed, it is sure to be found in accordance with divine truth.

One of the offices of science, and one of its most pleasing

offices, is to illustrate and confirm those great principles which have their full elucidation in the sacred scriptures. The author of the learned work before us, with this conception of what is due to sacred things from the medical profession, has undertaken to show how physiology sanctions and sustains the story of the Cross. The subject, if we are not mistaken, is one which will awaken an interest in the mind of every reader. It is treated by Dr. Stroud with candor, ability, and judgment, and if his theory of the phenomena of that great event should fail to satisfy every one, no one can rise from a perusal of his pages without deeper convictions of the reality of the event in all its momentous particulars.

The chief object of the work is stated by the author himself in the following words:

"To demonstrate an important physical fact connected with the death of Christ, and to point out its relation to the principles and practice of Christianity; but, although the subjects discussed and the conclusions deduced from them are, it is hoped, of no inconsiderable value in a devotional point of view, the treatise itself is rather argumentative than sentimental, and more concerned with the foundation of evangelical religion than with its superstructure. The fact is not indeed now announced for the first time, having been more or less correctly anticipated by several pious and excellent writers during the last century; but, as in matters of such solemn import conjecture and probability are not a sufficient ground for conviction, the author has labored to supply a demonstration of the fact, which he trusts will be found both new and satisfactory. He has accordingly been careful not to assume any thing which is not generally acknowledged; and has supported every point of the argument with proofs and evidences so combined, as apparently to leave no other alternative than that which is here maintained. Should the attempt have been successful, it will furnish a fresh proof of the value of inductive reasoning; which, like a sounding line let down into the ocean of time, has thus, from the depth of eighteen hundred years, brought up to the surface a pearl of great price."

The question, it will be seen, is physiological, and there-

fore one which the studies of medical men especially fit them to elucidate. Intense mental emotions are well known to exert a powerful, and sometimes a fatal influence upon the heart and bloodvessels. Instances are cited by Dr. Stroud from various authors, some of which we give:

"It is observed by Baron Haller, the father of modern physiology, that excessive grief occasions palpitation, and sometimes sudden death; that the corporeal effects of anger and terror are nearly alike, including increased strength, and violent motions both in the heart and throughout the body, and producing *bloody sweats*, and other kinds of hæmorrhage.—'Anger,' says Senac, 'has in certain cases torn the fibres of the heart, and even opened the ventricles. It is not therefore extraordinary that it should be followed by palpitation, and accordingly, various physicians have observed such a result. * * * But fear and terror are not less powerful causes, especially when they seize suddenly. In that case the nerves act with violence on the heart, and derange the order of its movements. The blood is at the same time propelled in these passions by a general shock, or commotion of all parts of the body: it therefore necessarily accumulates in the two trunks of the venæ cavæ, rushes into the auricles, and overcharges them, as well as the ventricles. Here then are two causes, one the consequence of the other, which, as is proved by numerous examples, produced palpitation. Dilatations are, as we have already stated, frequent results of fits of passion. Grief and sadness do not act so suddenly, nor with equal force; but as we have said. these secret and silent passions induce similar disorder.'—'If any one,' remarks Corvisart, 'can seriously deny, or even doubt the fatal physical influence of the passions on the heart, let it suffice him to know that a fit of anger, may produce rupture of the heart, and cause sudden death. * * * Complete rupture of the heart has rarely been observed in the sound state of this organ: some examples may however be cited of this lesion, in consequence of a violent effort, a fit of anger, an epileptic paroxysm, &c. * * * But of all the causes capable of producing organic diseases in general, and more especially those of the heart, the most powerful beyond dispute are mental affections. * * * No mental affection can indeed be experienced without the movement of the heart being either augmented, accelerated, retarded, weakened, or disturbed, without its force in fact being increased, enfeebled, or almost annihilated. Pleasure,

pain, fear, anger, in short all the powerful passions, cause the heart to palpitate, to beat more or less frequently, strongly, slowly, or regularly, or to suspend its action momentarily, sometimes even mortally."

The *bloody sweat*, recorded by the Evangelists as one of the effects of the extreme mental anguish of the Redeemer, is a rare effect of moral emotion, but, at the same time, one perfectly well authenticated. Our author adduces the following instances, in the way of illustration:

"The eminent French historian De Thou mentions the case of 'an Italian officer who commanded at Monte-Maro, a fortress of Piedmont, during the warfare in 1552, between Henry II. of France and the Emperor Charles V. This officer having been treacherously seized by order of the hostile general, and threatened with public execution unless he surrendered the place, was so agitated at the prospect of an ignominious death, that he sweated blood from every part of his body.'—The same writer relates a similar occurrence in the person of a young Florentine at Rome, unjustly put to death by order of Pope Sixtus V. in the beginning of his reign, and concludes the narrative as follows: 'When the youth was led forth to execution, he excited the commiseration of many, and through excess of grief, was observed to shed bloody tears, and to discharge blood instead of sweat from his whole body; a circumstance which many regarded as a certain proof that nature condemned the severity of a sentence so cruelly hastened, and invoked vengeance against the magistrate himself, as therein guilty of murder.' Amongst several other examples given in the Ephemerides, of bloody tears and bloody sweat occasioned by extreme fear, more especially the fear of death, may be mentioned that of 'a young boy who, having taken part in a crime for which two of his elder brothers were hanged, was exposed to public view under the gallows on which they were executed, and was thereupon observed to sweat blood from his whole body.'—In his Commentaries on the four Gospels, Maldonato refers to 'a robust and healthy man at Paris who, on hearing the sentence of death passed on him, was covered with a bloody sweat.'—Zacchias mentions a young man who was similarly affected on being condemned to the flames. Schenck cites from a martyrology the case of 'a nun who fell into the hands of sol-

diers; and, on seeing herself encompassed with swords and daggers threatening instant death, was so terrified and agitated, that she discharged blood from every part of her body, and died of hæmorrhage in the sight of her assailants;'—and Tissot reports from a respectable journal that of 'a sailor who was so alarmed by a storm, that through fear he fell down, and his face sweated blood, which during the whole continuance of the storm returned like ordinary sweat, as fast as it was wiped away.'"

Haller in several passages alludes to the exudation of a bloody fluid from the cutaneous vessels. One of the most remarkable instances of this sort occurred in the person of Charles IX. of France. It is recorded by his historian, "that blood gushed from all the outlets of his body, *even from the pores of his skin;* so that, on one occasion, he was found bathed in a bloody sweat." Dr. Stroud adds to these the following case:

"A young woman, aged twenty-one years, irregular in menstruation, and of indolent habits, and obstinate temper, had been much irritated by some reflections made by her parents, on account of her abjuring the Protestant religion. She left her parental roof, and after wandering about for some time, took up her residence in an hospital. She was then suffering violent attacks of hysteria, attended with general convulsions, and exquisite sensibility in the pubic and hypogastric regions. After paroxysms of hysteria, which sometimes lasted twenty-four or thirty-six hours, this female fell into a kind of ecstacy, in which she lay with her eyes fixed, sensibility and motion suspended. Sometimes she muttered a prayer, but the most remarkable phenomenon was an exudation of blood from the cheeks and the epigastrium in the form of perspiration. The blood exuded in drops, and tinged the linen. The cutaneous surface appeared injected in those parts whence the blood escaped, being red, and showing a network of arborescent vessels. This bloody perspiration took place whenever the hysteric paroxysm lasted a considerable time. This state continued for three months, and ultimately gave way, it is said, to local bleeding, * * * together with strong revulsive measures."

Having established this phenomenon as one of the occasional effects of intense passion, whether of rage or of grief, the author proceeds to demonstrate the influence of such emotions upon the heart. A mortal lesion of this organ, and even actual rupture, he proves, may occur from this cause. To find authorities for it he is not under the necessity of going farther back than our own times, as the following extracts show:

"'It is generally in the left ventricle,' remarks Dr. Hope, 'that the rupture [of the heart] takes place; a circumstance which at first appears remarkable, since this ventricle is the stronger, but for the same reason it contracts more energetically, and * * * it is only strong muscles which undergo rupture from the energy of their own contraction. Hence rupture of the auricles is much more rare than that of the ventricles. The exciting causes of rupture are generally considerable efforts, paroxysms of passion, external violence, as falls, &c. * * * Rupture of the heart or great vessels into the pericardium is not always immediately fatal, as a solid coagulum or a fibrinous concretion has in several instances been known to arrest the hemorrhage for a few hours. Of ten cases mentioned by Bayle, eight died instantaneously, one in about two hours, and another in fourteen. Amongst the cases of rupture of the heart, Dr. Copland enumerates—'violent mental emotions, especially anger, fright, terror, unexpected disappointment, distressing intelligence abruptly communicated, anxiety, &c., sudden and violent muscular efforts, and laborious or prolonged physical exertions of any kind, particularly in constrained positions. * * * In some cases,' he observes,—'inexpressible anxiety and pain have been felt in the præcordia and epigastrium, with cold extremities, and cramps, shortly before dissolution. In the majority rupture has produced instant death, but in some this has not been the case. * * * In most of the cases in which the rupture is preceded by violent pain, M. Oliver thinks that it is produced gradually from the successive laceration of several layers or fasciculi of muscular fibres, and that the pericardium becomes only gradually distended by the effused blood. Where the laceration and aperture are at once large, a copious effusion instantly occurs, fills the pericardium, and abolishes the contractions of the organs."

Of the effect of strong passion upon the heart it would be

easy to cite numerous instances. The following is reported by Dr. Townsend, of New York,—the case of a young female who died suddenly in consequence of anguish of mind:

"On dissection, the sac of the pericardium was found filled with about ten ounces of coagulated blood, and two of serum. The heart, on all sides covered by it, was of the ordinary volume, but much loaded with fat. At the summit of the aortic [left] ventricle was discovered the breach, from which the effused blood had issued. It was irregularly lacerated, and measured about half an inch in diameter."

Dr. Stroud relates the particulars of a somewhat similar case, communicated to him by Dr. Williams, of Southampton:

"R. W., a laborer, aged fifty-six years, had generally enjoyed good health, but for ten years had suffered great despondency of mind, owing to the unfaithfulness of his wife. About six months before his death he was troubled with severe cough, which came on in paroxysms, generally at night and early in the morning, and after a fit of this kind was found one morning dead. A post-mortem examination took place in the presence of Mr. Boulton, surgeon of Leamington. On opening the chest, the bag of the pericardium appeared much distended with fluid, and was of a dark blue color. On cutting into it, a pint at least of transparent serum issued out, leaving the crassamentum firmly attached to the anterior surface of the heart. On further examination to ascertain the source of this hæmorrhage, we found the left ventricle, from the origin of the aorta downwards to within an inch of the apex, ruptured. The heart appeared in no way disorganized, there was no softness of its walls, the internal membrane was healthy, and so were the valves of each cavity."

Ludwig, in his *Adversaria*, records a case of the rupture of the right auricle of the heart from violence, in which the following appearances were observed:

"The pericardium was so distended by a large quantity of transparent serum and coagulated blood as to push the lungs

upwards. The yellowish serum contained in its cavity exceeded half a pound."

Besides the cases now quoted, Dr. Stroud refers to many others, in all which the extravasated fluid is stated to have been distinctly separated into its crassamentum and serum,—*blood and water*. The bearing of these facts upon the question before us will be easily recognised. Before taking leave of this part of the subject, we make another quotation to show that a quantity of bloody fluid has been found within the pericardium, even when there was no discoverable rupture of the heart or large blood-vessels. Two cases of the kind are related in the German Ephemerides.

"Both the subjects were robust soldiers who died of excessive joy, in whose bodies no morbid condition was afterwards found, except a large quantity of clotted blood in the pericardium, by which the action of the heart had been suppressed. The latter author ascribes the effect to sudden distension of the exhalants opening on the inner surface of the membrane This would correspond to the manner in which bloody sweat is produced; but, as the exhalants of the pericardium are very inferior both in size and activity to those of the skin, it is more probable that in such cases the effusion is due either to rupture of some of the nutrient vessels of the heart itself, termed its coronary vessels, or to hæmorrhage from without, penetrating by a minute or circuitous passage into its capsule. Such at least is the opinion of Morgagni, Zecchinelli, and other anatomists. Of blood thus finding its way into the pericardium by a small aperture, which, without great attention, might easily escape notice, the former gives several examples: and in the Ephemerides, Dr. Daniel Fischer mentions the case of a soldier who died suddenly after eating a hearty dinner, and in whose body the only morbid appearance discovered on inspection was, 'the pericardium filled and distended with very fluid and florid blood. The membrane having been divided longitudinally, in order to trace more exactly the source of the hæmorrhage, this was found at the base of the heart, where a branch of the coronary artery had ruptured, and from which blood was still actually flowing.'"

A word on the mode of capital punishment resorted to in

the case of Jesus. Crucifixion was practised among many nations from the remotest antiquity. The chief baker of Pharaoh, according to Josephus, was crucified, and this is probably the earliest instance of crucifixion on record. This mode of execution was not in practice among the Jews, but was instituted by their conquerors, the Romans. Christ was condemned by a Roman tribunal, and was put to death by Roman law. By the Romans crucifixion was regarded as the most ignominious and disgraceful of all punishments, and was rarely practised by them except upon their slaves for capital offences.. "Every thing was thus combined to render the death of the Savior accursed in the sight of the people. He suffered as the vilest of malefactors according to the law of the heathen masters of Judea, for alleged *sedition* against the authority of Cæsar; while, at the same time, his being 'nailed to the tree' represented and fulfilled, in the eyes of the Jews, the divine malediction that was always associated in their minds with the peculiar punishment for *blasphemy*—the pretext, it will be remembered, on which they sought His life."

Death by this mode was protracted and lingering, as might be gathered from the construction of the cross, of which the following description is given:

"The Cross consisted of a strong upright post, sharpened at the lower end by which it was fixed in the ground, having a short bar or stake projecting from its middle, and a long transverse beam firmly joined near its top. As the middle bar, although an important appendage, has been almost universally overlooked by modern authors, it will be proper here to insert the account given of it by some of the early fathers of the church, and founded on personal observation. 'The structure of the cross,' says Irenæus, 'has five ends or summits, two in length, two in breadth, and one in the middle, on which the crucified person rests.' Justin Martyr, in like manner speaks of 'that end projecting from the middle [of the upright post] like a horn, on which crucified persons are seated;' and the language of Tertullian, who wrote a little later, exactly corresponds: 'A part, and indeed a principal part, of the cross is any post which is fixed in an upright position; but to us the entire cross is imputed, including its transverse beam, and the

projecting bar which serves as a seat.' The criminal condemned to this dreadful mode of death, having first been scourged, was compelled to carry the cross on his shoulders to the place of execution, a circumstance which implies that the scourging was not excessively severe, and that the dimensions of the gibbet did not in general much exceed those of the human body. On arriving at the spot, he was stripped of his clothes, and after receiving a cup of wine, sometimes medicated with a view to impart firmness or alleviate pain, was speedily nailed to the cross, either before or after its erection. In either case he was made to sit astride on the middle bar; and his limbs having been extended and bound with cords, were finally secured by large iron spikes driven through their extremities, the hands to the transverse beam, and the feet to the upright post."

Dr. Stroud remarks as follows upon the degree and usual duration of the sufferings inflicted by this dreadful punishment:

"The bodily sufferings attending this punishment were doubtless great, but, either through ignorance or design, have been much exaggerated. The insertion of the cross into its hole or socket, when the criminal was previously attached to it, did not necessarily produce the violent concussion which has been supposed; and as the body rested on a bar, it did not bear with its own weight on the perforated extremities. At all events, there have been many examples of persons enduring these sufferings with the utmost fortitude, and almost without a complaint, until relieved from them by death. A fact of importance to be known, but which has not been sufficiently regarded, is that crucifixion was a very lingering punishment, and proved fatal not so much by loss of blood, since the wounds in the hands and feet did not lacerate any large vessel, and were nearly closed by the nails which produced them, as by the slow process of nervous irritation and exhaustion. This would of course be liable to variety, depending on differences of age, sex, constitution, and other circumstances; but for persons to live two or more days on the cross was a common occurrence, and there are even instances of some who, having been taken down in time and carefully treated, recovered and survived. In many cases death was partly induced by hunger and thirst, the vicissitudes of heat

and cold, or the attacks of ravenous birds and beasts; and in others was designedly accelerated by burning, stoning, suffocation, breaking the bones, or piercing the vital organs."

Accordiug to Origen and others, the sufferers usually survived about two days. Modern travelers relate instances of crucifixion, of which the following are interesting:

"'The capital punishments inflicted in Soudan,' observes Captain Clapperton, writing in 1824, 'are beheading, impaling and crucifixion; the first being reserved for Mahometans, and the other two practised on Pagans. I was told, as a matter of curiosity, that wretches on the cross generally linger three days before death puts an end to their sufferings.'—When describing the punishments used in Madagascar, the Rev. Mr. Ellis remarks: 'In a few cases of great enormity a sort of crucifixion has been resorted to; and in addition to this, burning or roasting at a slow fire, kept at some distance from the sufferer, has completed the horrors of this miserable death. * * * In the year 1825, a man was condemned to crucifixion who had murdered a female for the sake of stealing her child. He carried the child for sale to the public market, where the infant was recognised, and the murderer detected. He bore his punishment in the most hardened manner, avenging himself by all the violence he was capable of exercising upon those who dragged him to the place of execution. Not a single groan escaped him during the period he was nailed to the wood, nor while the cross was fixed upright in the earth. The wooden frame used in the place of a cross resembles a gallows. To this the malefactor is nailed whilst it remains flat upon the earth, after which it is lifted up with its miserable burden, and fixed in two holes made in the ground for the purpose. Here the sufferer is kept until he dies of cold, hunger, or agony. Some criminals, after being nailed to the frame, have remained for hours for the gaze of the multitude. A fire has oftentimes been placed to the windward of them, by which hey and the cross have been consumed together.' "

Another traveller gives the following account of the execution of the captain of banditti, at Constantinople, a few years ago:

"As a preparatory exercise, he was suspended by his arms

for twelve hours. * * * The following day a hook was thrust into his side, by which he was suspended to a tree, and there hung enduring the agony of thirst till the third evening, when death closed the scene; but before that about an hour the birds, already considering him their own, had alighted on his brow to peck his eyes. During this frightful period he uttered no unmanly complaints, only repeated several times—'Had I known that I was to suffer this infernal death, I would never have done what I have. From the moment I led the klephte's life, I had death before my eyes, and was prepared to meet it, but I expected to die as my predecessors, by decapitation.'"

From these statements it is reasonable to infer that the death of our Savior, within six hours after he was nailed to the "accursed tree," was not the result of extreme bodily torture, and therefore, as remarked by our author, that, "although the ordinary sufferings of crucifixion contributed to his death, they were not its immediate cause." It is manifest from the inspired narrative, that the bystanders were surprised at the suddenness of the event, and that Pilate could scarcely believe it had occurrred, when Joseph applied to him for the body of Jesus. Admitting, then, that there was something unusual and extraordinary in the quickness with which the sufferings of our Lord came to a close, can any plausible explanation be offered to account for it?

Two have been proposed:—one, that the Redeemer, seeing his work accomplished, by an act of his own divine will, yielded up his life;—the other, that some mortal lesion of a vital organ suddenly supervened, and was the physical cause of his death. The first has been adopted by the majority of commentators, and is the one generally received; but Dr. Stroud, while admitting the sovereign power of the divine Sufferer to give up or to retain his life, embraces the second. He has these observations on the subject:

"That it was in the power of Christ to avoid such a death, had he chosen to renounce the object of his mission, is evident amongst other reasons from his miraculous overthrow of the hostile band in the garden of Gethsemane; from his ques-

tion to Peter,—'Thinkest thou that I cannot even now request my Father, and he would send to my aid more than twelve legions of angels? [but] how then would the Scriptures be fulfilled, [which declare] that thus it must be?'—and from his remark to Pilate,—'Thou wouldst not have had any authority at all against me, had it not been given thee from above.'—In all scriptural allusions to the subject, the death intimated, although voluntary, is moreover represented, not as self-inflicted, but as penal and vicarious. In the very passage which has thus been misinterpreted, the death encountered by the good shepherd for the safety of his flock is ascribed to the wolf from whom the hireling flees."

The narrative of what transpired in the garden of Gethsemane, when, in the agony of our blessed Savior, "his sweat was as it were great drops of blood falling down to the ground," is familiar to the reader. Our author thus comments upon the incidents of that awful hour:

"The intense grief and consternation which the Saviour experienced at the commencement of his sufferings in the garden, and under the shock of which he fell prostrate to the earth, might possibly have destroyed him by simple exhaustion, but would never have produced the bloody sweat reported by St. Luke; who, independently of his guidance by the Holy Spirit, was, as a physician, peculiarly well qualified to notice and record such an occurrence. He therefore ascribes this sweat to a cause by which it is fully and solely explained, namely, the communication of supernatural strength;—'There appeared to him an angel from heaven, strengthening him.'—It was then that—'falling into an agony, [Christ] prayed most earnestly, and his sweat became as it were clots of blood dropping to the ground;' implying that he was no longer prostrate as at first, but on his knees. Attempts have been made to explain away the strong terms used by the evangelist, but they certainly denote a sweat mixed with blood in a half-coagulated state, so profuse as to fall from the head and neck (the parts liable to be uncovered, and from which sweat of any kind is most readily furnished,) in thick and heavy drops to the ground. Unless St. Luke meant to convey this meaning, his employment of such expressions is unaccountable. The fact is well stated by M'Lean—[Christ] 'is said to be *in an agony*. An agony is a conflict of nature in

the extremity of distress. The Lord was now bruising him, and putting him to grief. So great was the agony and conflict of his soul, that it produced the most wonderful effect upon his body; for we are told that 'his sweat was as it were great drops of blood falling down to the ground.' A common sweat in the open air, and exposed to the cold damp of night, when those within doors require a fire of coals to warm them, must have been the effect of very great fear and agony. What then must his agony have been, which induced a bloody sweat, and so copious as to fall down in great drops to the ground?'—It was then that, as intimated by the Apostle Paul, 'he offered prayers and supplications, [accompanied] with tears and loud cries, to him who was able to save him from death, and was heard on account of his pious fear;'—in other words, these peculiar and overwhelming sufferings were by divine interposition suddenly terminated, leaving him with restored strength, ready to undergo the trials which next awaited him."

He continues thus:

"On both occasions, these sufferings were distinguished from all others, by beginning and ending abruptly, as well as by their peculiar circumstances and effects. On both occasions, the gloom which oppressed the Redeemer's soul was by divine appointment accompanied by external darkness, as its appropriate sign and illustration. When He was in the garden the preceding evening, it appears from astronomical calculation that the paschal full moon underwent a natural eclipse; on which, account, perhaps, the numerous party which went forth to seize him were provided with lanterns and torches. Twelve hours later on the same day, according to the Jewish mode of reckoning, a preternatural darkness overspread the whole land from the sixth to the ninth hour."

Blood and water issued from the side of the Savior when pierced by the spear of the Roman soldier, to account for which many conjectures have at different times been proposed. By the ancient commentators it was generally ascribed to a miraculous interposition. Several modern ones have ascribed it to "serous effusion either in the pericardial or pleural sacs naturally induced by extreme debility," which they suppose to have attended the Saviour's death. This is

not the place for discussing the first of these explanations, and there are strong reasons for rejecting the second. The quantity of serum found in the pericardium, in a healthy state, is conceded by anatomists to be small. John and Charles Bell remark:

"If a person have labored under a continued weakness, or have been long diseased, if a person have lain long on his death-bed, if the body have been long kept after death, there is both a condensation of the natural halitus in all parts of the body, and an exudation of thin lymph from every vessel, there is water found in every cavity from the ventricles of the brain to the cavity of the ankle-joint, and so in the pericardium amongst the rest. But, if you open a living animal, as a dog, or if you open suddenly the body of suicides, or if you have brought to the dissecting room the body of a criminal who has just been hanged, there is not in the pericardium one single particle of water to be found."

After some forms of violent death the pericardial fluid is found increased, and is then either pure or tinged with blood. "An effusion of the latter kind is said to have been noticed in stags killed after a hard chase; and in some rare instances of sudden death, occasioned by strong mental emotion, the pericardium has been found distended with blood, owing probably, as Morgagni suspected, to organic disease, and the rupture of vessels; but for the statement of the Grüners that, after death accompanied with anxiety, the pericardium is full of water, there is no evidence.."

But death from this cause would not be sudden, as it was in this memorable instance, but lingering, and preceded by symptoms of oppression and suffocation. The narrative of the sacred text leaves upon the mind the impression, that the discharge of blood and water was considerable, and the distinction between the two so well marked, as to have been perceived by persons at a distance. Dr. Stroud remarks upon this point:

"Bloody serum, whether originally effused in that state, or

resulting from subsequent mixture, would not have presented this character; for it would neither have issued rapidly, nor in sufficient quantity, nor would its distinction from ordinary blood have been so striking as to have attracted the attention of an uninformed and somewhat distant spectator. Moreover, unless blood has been previously extravasated, little or none can by any kind of wound be extracted from a dead body, except by the action of gravity, the heart being usually empty, or, if otherwise, devoid of power to expel its contents. This important fact, overlooked by most other writers, was perceived and acknowledged by the Grüners, who nevertheless failed to discover the true explanation, and were induced to adopt the inadmissible opinion, that Christ was not actually dead when pierced by the soldier's spear, but merely in a faint and languid condition, which allowed the heart to act feebly, and, on being wounded, to pour forth its blood, preceded by the water, which they suppose had previously collected in the pericardium."

And this brings us to the conclusion at which our author arrives from the whole inquiry, which is given in the subjoined extract:

"It may, therefore, with certainty be affirmed, that between the agony of mind which the Saviour endured in the garden of Gethsemane, and the profuse sweat mixed with clotted blood which so rapidly followed it, violent palpitation of the heart must necessarily have intervened; this being the only known condition which could have been at once the effect of the former occurrence, and the cause of the latter. In like manner, when on the cross this agony was renewed, and by the addition of bodily suffering, was increased to the utmost intensity, no other known condition could have formed the connecting link between that mental anguish and His sudden death,—preceded by loud exclamations, and followed by an effusion of blood and water from His side when afterwards pierced with a spear—than the aggravation even to ruptur eof the same violent action of the heart, of which the previous palpitation and bloody sweat were but a lower degree and a natural prelude. If, whilst every other explanation hitherto offered has been shown to be untenable, the cause now assigned for the death of Christ—namely, Rupture of the Heart from Agony of Mind—has been proved to be the result of an actual power in nature, fully adequate to the effect, really present with-

out counteraction, minutely agreeing with all the facts of the case, and necessarily implied by them, this cause must, according to the principles of inductive reasoning, be regarded as demonstrated."

Dr. Stroud does not pretend that this explanation is now brought forward for the first time, but on the contrary shows, that, substantially, it has been offered by several commentators, ancient and modern. But want of space forbids any further discussion of the interesting subject.

ART. V.—*The Dental Register of the West.* Vol. I., No. I. Cincinnati. 1847.

The progress of society in this great interior of the continent, is indicated by signs indefinitely numerous. One of them is its medical journals. The first ever published, was in Cincinnati, in the year 1822 and '23. It was edited by the lamented and indefatigable Dr. Godman, and based on a subscription list previously procured, but not used, by one of the editors of this Journal. It continued till six quarterly numbers were issued. Since that time, (to say nothing of those, which, like the one just mentioned, lived for a greater or less period, and then ceased to be,) we have the following, now in circulation, which we shall designate by the towns in which they are published—Montreal, Buffalo, Chicago, St. Louis two, New Orleans, Memphis, Louisville, and Cincinnati—in all nine. To these we may now add the *quasi* medical magazine, of which the title is placed at the head of this article. Its appearance is under the auspices, or rather by order of the "*Mississippi Valley Association of Dental Surgeons*," whose annual meetings are held in Cincinnati. Its editors are a committee of that body, composed of Dr. James Taylor, of that city, and Dr. B. B. Brown, of St. Louis, both practical dentists. Its publication is to be quarterly—its extent 200 pages *per*

annum—its price two dollars. The first number, for October last, is now before us, and having just finished a hasty perusal of it, we proceed to give such a notice of its contents, as will serve to make its objects and character known to our readers; many of whom, we trust, will encourage it with their names, both as subscribers and contributors. In expressing this hope, we do it in the full conviction, that every physician should have a better acquaintance with the diseases of the teeth and gums, than he is likely to acquire from the systematic works of the profession; and in the further conviction, that the periodical before us, if adequately patronized, will give him the information needed.

The first article, consists of the proceedings of the late annual meeting of the Association, at Cincinnati, in the second week of September; with an appended address from the president, Dr. E. Taylor, of that city, containing much excellent advice on the means of elevating the profession of the dental surgeon.

To this succeeds a paper, read at the late meeting of the same body, by Dr. Berry, of the same city, on the effects upon the teeth and gums, of the habitual use of tobacco. The conclusion to which the author comes, (and that correctly, we believe,) is not merely adverse to its preservative power, but unfavorable to its use. The following paragraphs seem to us so worthy of dissemination, that we are tempted to extract them:

"On the leaves of tobacco when gathered, there is always some dust from the soil that is not entirely removed in the process of manufacturing, which, by its mechanical action, abrades the teeth in chewing the cud. And if the dropping of water wears away stones, will not the constant grinding of tobacco, under the presure of the masseter muscles, wear away the teeth?

"I have seen several cases of tobacco chewers, who, before they had lived half of the three score and ten, had worn the teeth on which they masticated their cud, so as to make the corresponding sides of their faces shorter than the other sides. They assured me that they could not quit the use of to-

bacco, and that to chew it on the teeth unaccustomed to it, produced nausea. In one of these cases considerable deformity was caused by the wearing away of the front teeth of one side; while those of the other remained of full length.

"The narcotic and nauseating properties of tobacco, may remove the pain of an aching tooth, for which it is frequently prescribed, instead of the forceps. A gentleman of my acquaintance, being directed by his physician to chew tobacco for the toothache, continued the practice for thirty years, when upon mature deliberation he concluded he had chewed long enough for a pain that never occurred but once, and sagely resolved to abandon the filthy habit. He did so, but not without experiencing considerable suffering for several days.

"The opinion that chewing tobacco preserves the teeth from decay is, I think, erroneous. It arises, probably, from the fact that many persons find their teeth to decay less rapidly after commencing its use than before; but they resort to it at a time when their teeth contain a larger proportion of lime than at an earlier period, and are therefore less liable to be affected with caries. And, besides, people generally take better care of their teeth, after they arrive at the age in which they usually commence chewing tobacco than previously to that time, preventing in a great degree the causes of their decay.

"The pressure of the cud on the gums of the molares and bicuspides, not unfrequently causes them to recede, leaving the roots of these teeth exposed and liable to decay; while the gums are in many cases inflamed, and seldom in a perfectly healthy condition.

"The smoking of tobacco injures the teeth by the sudden changes of temperature, to which it exposes them It renders the mouth most disgustingly filthy, coating the inner surfaces of the teeth with black empyreumatic oil, exhaling an odor like that of a much used tobacco pipe, and inducing diseased action in the gums.

"In some sections of our country rubbing snuff on the teeth and gums, called dipping, is in common and popular use, especially among the ladies. It is appled with little swabs or brushes made by chewing the ends of peices of soft wood. The pretended reason for dipping—and no one could indulge in so filthy and disgusting a habit without some excuse for it—is that it preserves the teeth from decay. A "social dip" requires some half a dozen participants, each with a brush, which they all dip into one bottle of snuff and rub their teeth and

gums for a considerable length of time; while the stimulus of the snuff adds excitement to the conversation. By this practice the snuff is frequently impacted in the interstices of the teeth, and insinuated beneath the edges of the gums, which is sometimes so extensive in its effects as to cause a loosening of the teeth. From several years observation of the teeth of a large number of persons who use snuff in this manner, I am induced to believe, that it has no tendency to preserve the teeth from decay; and that they are more likely to be attacked with caries from the general diseased state of the gums."

The next article is is by Dr. Slack, Professor of Chemistry in the Ohio College of Dental Surgery, and embraces an argument, on chemical principles, against the use of metallic amalgams for filling decayed teeth, the gist of which is, that they generate a galvanic action, which promotes a decay of that part of the teeth with which they are in contact, concerning which there can be no doubt.

The article which follows, is an extract from a paper, read at the meeting referred to, by Mr. Allen, of Cincinnati, on the restoration of the contour of the face, after the loss of teeth. To this end he has invented different pieces of gold apparatus, some of which we have seen, and the effects of which, in reference to the object in view, are quite satisfactory and even striking.

Then follows a paper by the same gentleman, on destroying the nerves of decayed teeth, in which he states that, in most cases, the result is unsatisfactory.

The succeeding paper, by Dr. E. Taylor, of the same city, is on the mechanical labor of filling teeth, which we shall not analyze.

To this, succeeds a letter from Mr. H. R. Smith, of Terre Haute, Indiana, on inflammation of the gums and mucous membranes of the mouth, accompanied with morbid sensibility of the teeth, for the successful treatment of which he has, in a number of cases, found the antiphlogistic method indispensable.

The next in order, is an introductory lecture delivered, in 1846, at the opening of the College of Dental Surgery, by Dr.

Rogers, one of the oldest practitioners of Cincinnati. Its subject is 'nerve killing,' and the result of his ample experience is decidedly against the practice.

Then follows a letter from Dr. Joseph Sanford, of Chilicothe, Ohio, giving a short account of a *third* dentition. His patient was a woman 82 years old, who in her 60th year had lost her last tooth.

An account of this phenomenon, bearing some analogy to the return of vision in old age, is contained in the following extract:

"Ten teeth in all have made their appearance. Two lower incisors, two upper front incisors, four bicuspides, above right and left, two lower bicuspides left side. These teeth, with the one exception, are small pieces of brown bone when cut, and act as foreign bodies, which become very painful to the patient, and have to be extracted as fast as cut. One which was perfectly formed was very white when first extracted, but has since turned brown."

The last article which we shall notice, and the last of much importance in the number before us, is on the letheon gas, so intimately connected (in its application) with dental operations. A letter to the editors, from Dr. Joseph Taylor, of Maysville, in this State, informs us that he has used it in about 350 cases. Of the whole, the following is, he says, the most favorable case:

"A lady of sanguine temperament called on me a few months since, for the purpose of having a tooth extracted under the influence of the vapor, requesting me to give her as little as possible to produce the desired effect. Accordingly, after inhaling a very small portion, she observed that she felt its influence. I then separated the gum from one side of the tooth, and inquired if she felt any pain. She answered in the negative; and after the gum was entirely separated, I interrogated her again; her answer was still the same, observing that I must be in haste, that she felt it passing off. I immediately removed the tooth, and, to her great delight, without any suffering whatever."

Another case stands in such strong contrast with this, that we are tempted to extract it. The patient was a gentleman of a high nervo-bilious temperament, to whom Dr. T. administered it with reluctance:

"After inhaling it for abont forty seconds, his breathing became long, full and easy, and in a few moments his face became somewhat florid, the pupil of his eye dilated, and exhibited some agitation, when with one stretch of his arm, he sent me, letheon and all, some distance across the room. I immediately presented myself to him again, and with some difficulty succeeded in removing the tooth, causing much suffering, which continued some time after the effects of the letheon passed off; he was unconscious of every thing except the pain consequent upon the operation, which he described as being excruciating."

Another case still, is worthy of being read, from the fact that the patient was not only far advanced in life, but labored under a chronic pulmonary affection:

"About five months ago I called on a lady about sixty-eight years of age, who had been laboring under pulmonary disease for several years, for the purpose of extracting a tooth. She requested me to put her under the influenee of the vapor; I hesitated, but as it was the direction of her physician, I immediately proceeded to perform the operation, which was done without giving her any pain whatever. The vapor appeared to have salutary effects. I had forgotten to name that she had been confined to her bed for several months. She rested the following night better than usual. The next morning she requested me to give it to her again, as its influence was so very pleasant, which I did with the same success, and all passed off without any bad effects upon her system."

As the experience of Dr. Taylor, in the use of the letheon, has been extensive, and he appears to be an accurate observer, we shall venture to republish one case more, not only because of its peculiarities, but on account of the general remarks which accompany it and the great importance of the subject which it contributes to illustrate:

"A gentleman who inhaled it, and upon whom it had the most happy effect, causing the most thrilling sensation of pleasure, submitted cheerfully to an operation which was entirely unknown to him until he awoke from his reverie, when he assured me that he did not know that I was present. A day or two afterwards I administered it to him again, producing the same pleasant sensation, but an unwillingness to have me operate; since when he has inhaled it two or three times, always producing the same symptoms, yet evading me when I attempted to approach. Each time it had less effect upon him; the last time it passed off almost as soon as he ceased inhaling it. Others again have taken it seven or eight times, always with success; yet I could perceive the more frequently it was inhaled, the more it took to produced the desired effect, and would pass off more rapidly. It is but seldom that a person of a very excitable nervous temperament can be brought sufficiently under its influence so as to prevent all pain consequent upon a severe operation, though it may mitigate it, and in some instances it would be admissible to give it to such. Yet if we do not succeed by the first effort, it is but seldom that a repetition will produce the desired result."

To Dr. Taylor's paper there is appended a letter from Dr. T. McGarrough, of Greenfield, Ohio, giving an account of the amputation of a breast while the patient was under the influence of the letheon. She felt not the least pain, and was entirely free from any subsequent shock or depression.

In concluding this part of our bibliographical notice, it affords us pleasure to be authorized to say, on the authority of Stockton's Dental Intelligencer, that Dr. Morton has quit selling patent rights for his discovery of the use of letheon, or volatilized ether, in surgical operations. Of the propriety of granting the patent many doubts might be raised. Sir Humphrey Davy had long before suggested the inhalation of nitrous oxide, for the mitigation of pain; more than 50 years ago the inhalation of sulphuric ether was proposed by Dr. Richard Pearson for curative purposes;* and fifteen or twenty years since, the inhalation of sulphuric ether, as a substitute for nitrous oxide, was a prevalent amusement with the boys in our streets, many of whom were injured by it. If every

*Breathwaite's Retrospect, Part XV.

new application of a well known therapeutic agent were patented, the world would soon be filled with monopolies. If Drs. Morton and Jackson had been the inventors of sulphuric ether, or the first to propose its inhalation, their claim to governmental protection would have been very different. But in making these remarks, we must not be understood, as attempting to detract from their merits; for, on the contrary, we desire to award to them the highest praise; and, while we do not believe etherization always an efficient aid to the surgeon, nor free from bad effects to every patient, we heartily tender to its authors an expression of gratitude.

Having presented our readers with a tolerably full analysis of the first number of a journal devoted to one of the specialities of the profession, and designed to improve its character, we cannot lay down the pen, without expressing our strong approbation of the enterprize, and our earnest hope for its success. Hitherto, the medical profession have been signally at fault, in reference to diseases of the teeth. We have, in fact, been strangely inconsistent; for while we have utterly neglected to inform ourselves, and, thereby, compelled the people to seek assistance out of the profession, we have united in deriding the uneducated dental mechanics, who have rashly undertaken to supply our delinquencies. We have cherished the lithotomist, the aurist, and the oculist, acknowledged them as professional brethren, deferred to their experience, and promoted their practice; but the dentist has been placed and kept under our ban. He has been first made an empiric, and then treated with contempt. All this is most absurd, for the diseases of the teeth belong as legitimately to the profession, as the diseases of the heart or the eye; and, in many cases, require as much sound judgment and practical adroitness for their cure. With these convictions we hail, with great satisfaction, every attempt to promote their study, and elevate the dignity of those who devote themselves to dental surgery. Under this feeling, we have noticed with regret, the very imperfect manner in which the first number of this new periodical has been brought out. Its errors of orthography are, on the whole, more numerous and glaring

than those of any medical work which has hitherto fallen under our eye. The editors seem to be, to some extent, aware of this; and offer as apologies, the short time allowed to bring out the number, and the necessary absence of the one, whose duty it was to superintend the press. These causes of typographical inaccuracy should, however, have been obviated; and, for the sake of the work itself, we hope to see its future numbers exempt from such blemishes.

ART. VI.—*New Elements of Operative Surgery.* By ALF. A. L. M. VELPEAU, Professor of Surgical Clinique of the Faculty of Medicine of Paris, S..rgeon of the Hospital La Charitè, Member of the Royal Academy of Medicine, of the Institute, &c. Carefully revised, entirely remodelled, and augmented with a Treatise on Minor Surgery. Illustrated by over 200 Engravings, incorporated with the text, accompanied with an Atlas in quarto of twenty-two plates, representing the principal operative processes, surgical instruments, &c. First American, from the last Paris edition. Translated by P. S. TOWNSEND, M.D., late Physician to the Seamen's Retreat, Staten Island, New York. Augmented by the addition of several hundred pages of entirely new matter, comprising all the latest improvements and discoveries in Surgery, in America and Europe, up to the present time. Under the supervision of, and with notes and observations by, VALENTINE MOTT, M.D., Professor of the Operations of Surgery with Surgical and Pathological Anatomy, in the University of New York. Foreign Associate of the Acadèmie Royale de Mèdecine of Paris, of that of Berlin, Brussels, Athens, &c. In three volumes. Vol. I. pp. 914: 1845. Vol. II. pp. 1092: 1846. Vol. III. pp. 1162: 1847. New York: Samuel S. & William Wood.

[SECOND NOTICE—See Western Journal for July, 1846—vol. vi. p. 50, Second series.]

This translation, a short notice of which we gave on the appearance of the second volume, is at length completed—indeed the last volume has been on our table for two or three months. For ourselves we are greatly rejoiced at it. The tiptoe of expectancy on which we had been kept for many,

many months was becoming *too* painful. It is a relief to be once more flat-footed—a source of *positive* happiness not to us only, but to most people "at least in America, if not in other parts of the world." Thank heaven! the unaccustomed sounds, worse than the discord of a Hindoo funeral, wherewith each volume was announced, are now stilled—sounds which not the 'thunderstorm of battles' on our southern border (wherever that may be), not the loud wail of starving Ireland, not the wild cry of Italy clamorous for her freedom, could subdue. Above all these they rose, like

> ——————'sounds of air
> Which had the power all spirits of compelling.'

Heaven be praised, say we, that this clamor, bad as "devils' yule," is subsiding; and with it the myriad-flight of winged advertisements, fanning the air from east to west, and clouding the bright sun. In the partial calm that has succeeded, the publishers' voice is borne to us, requesting a notice, and we intend to comply. The press has groaned under these volumes; compositors, stereotypists, proof-readers, and binders, have groaned over them; and it shall not be our fault if the translator and his "sponsor" do not groan for them.

As each volume appeared, the translator has crowed like chanticleer, has thrown his defiance boldly to the world. He has asserted *iterum iterumque*, and he still asserts, that this translation (with its particular object, end, and aim, its final cause, the glorification of M. Mott) has all excellencies in a superlative degree; and this he will maintain against all adversaries whatsoever. It was not our wish to enter the lists with such a doughty champion, such a 'parlous' and puissant combatant. We felt as though a single *Townsendian* sentence—viz: winding in and out, and interlooped, like thread in a silken purse or a yarn stocking, or twisted around like a *Convolvulus* or a bale of rope—would be the death of us. Therefore it is that we have waited thus some months, hoping and trusting that a stouter hand, a more stalwart arm, an older and a better soldier, would offer himself for this stern and

fearsome encounter. But we have waited in vain. Our valorous knight and true, mounted on his gallant Gallic Rosinante, with his faithful squire hard by (knight and squire having for the nonce changed places) still paces back and forth in the arena, 'grace in his step, and fire in his eye!' Three several times has the herald sent forth his loud summons; but yet no answering shout! and now there comes to us the 'still small voice' of the publishers! and now, even as David,

> ——————'armed with simple sling
> And some smooth stones up-gathered from the brook,'

went forth to meet Goliah, so go we forth to meet Townsend. Thus, then, we put our trumpet to our lips—there goes our clarion! and if its notes are now heard faint and indistinct, they shall swell louder and clearer as we proceed.

Before we address ourselves to the work in general, we have a word or two to say touching this "third and last" in particular. We call our readers to witness, that in our previous notice we made an attempt to save this volume (and through it the two former) from its friends, that we endeavored to keep it from inevitable damnation, to 'pluck it as a brand from the burning.' But so strong is it in original sins that it is greatly to be feared our efforts were unavailing. In manner it is precisely like the two former—only 'more so.' It is indeed an exaggerated copy of them. It was pre-signified by the same mighty portents; its approach was announced by similar trumpet-blowings and drum-beatings; it was ushered forth with rather more than the usual amount of solemn satisfaction and swelling self-complacency. In it Townsend, who is the very pink of translators, has reached the 'highest point of all his greatness.' The three volumes in their excellence rise above each other 'as hills o'er hills, and Alps o'er Alps arise.' The first was good, the second better, but this is good in the superlative degree—it is the best. The vocabulary of good names is exhausted upon it. Had there been a fourth, we cannot conceive what the translator could have said, or how he could have found words

(and he is as copious of words as Niagara is of water) to carry him up to 'the height of that great argument.'

It was right then to take unusual pains to recommend so much excellence. Accordingly, besides the customary advertisements, such as confectioners are wont to employ to set forth their wonderful collection of cakes, candies, and comfits, we had the eye addressed in another mode. An idea having been borrowed from 'illustrated Saturday Couriers' and 'pictorial Brother Jonathans,' we had advertisements accompanied with xylographic illustrations; but whether these were addressed to the sense of beauty or that of the marvellous, is not quite clear to the uninitiated. Perhaps to both; but be this as it may, the preliminary praisings and puffings of this third volume were backed up and underborne by a picture of the celebrated Nassau *Nose*. Of the picture (now before us) we may say what Maginn said of a portrait of Rogers, the poet—it is 'a mortal likeness painted to the very death!' As to the nose depicted, it is a real '*monstrum horrendum*, *informe*, *ingens*,' to which the Strasburg nose of Slawkenbergius and Sterne was a mere wart. It is almost as large as the great tower of Strasburg. The Nassau stranger got not only one of the 'goodliest and jolliest' noses from the 'Promontory of Noses,' but he got the very biggest. This wonderful nose (whose history, as learned by us since the reception of the third volume, we may as well relate here) had a much more powerful influence and a much wider sphere of action than Diego's nose. The latter, if our memory serves us, set the sentinel and the bandy-legged drummer, the trumpeter and the trumpeter's wife, to quarrelling; it caused the abbess of Quedlingberg and the four great dignitaries of her chapter—the prioress, deaness, sub-chantress, and senior-canoness—to lie awake three whole nights; it put the faculty by the ears; in fine, it kept all Strasburg 'macerated with expectation' for the space of seven-and-twenty days. But John Russell's nose, even without the accompaniment of 'crimson-satin breeches and a fringed codpiece,' did all this, and a great deal more, to a much greater number. It kept all Nassau and all the Bahamas and some

of the West Indies rocking with anxiety as with an earthquake for a whole score of years! Our translator, happy man! more fortunate than the bandy-legged drummer, or the trumpeter's wife, or the innkeeper's wife, or the burgomaster's widow, got to touch it! ay, marry, did he! and under his plastic hand (by what he calls a movement *en dèdolant*) it became 'by St. Radagunda, a most noble nose!' rather undefined in its shape, but lying somewhere between a mitigated aquiline and a moderated pug. And thus were Nassau and its islanders saved after being tortured through a whole quarter of a century! The Strasburgers, led away by their nose, lost their city; the islanders lost their nose (thanks to Townsend!) and saved their city.

It will be recollected that in the former volumes our translator proved himself a thorough '*annexationist*.' To his philosophic eye, surgery had then quite supplanted medicine in the latter's peculiar province; or, to use his own beautiful and eloquent language, "the great and controlling domain of Practical, Operative, and Pathological and Anatomical Surgery," was then "monopolizing almost the entire healing art." It seems that this monopoly is now complete. Physic is merged in surgery—the greater is sunk in the less. There shall not be even an *imperium in imperio*. Over this broad domain Mott and Velpeau, the Royal *Gemini*, the Siamese twins of surgery, are to reign, with Townsend as their chief mandarin, or prime minister, and their head dragoman. Our translator, as 'lieutenant general' of the forces in this career of conquest (each volume being a separate invading column), will not listen to treaty proposals; he will admit no 'parallel of 37°;' he will not be contented with the 'Upper California' and 'New Mexico' of medicine; he will not set apart a 'Nueces region' for a 'neutral territory;' he will not 'fall back on Gen. Taylor's line,' or 'Mr. Calhoun's line;' but he has just seized and insists on retaining the entire territory—the 'whole of Mexico.' That which we foresaw *in posse*, we now perceive *in esse;* that which was in progress a year and a half a go, is now a 'fixed fact.' We felt certain that

to 'this complexion it would come at last;' that our translator's appetite would grow more *bulimious* by indulgence. Like Alexander, he may now weep, for there are no more worlds to conquer. The 'area' of surgery is now enlarged to the utmost limit of capacity—the three dimensions of extension are satisfied—even destiny, 'manifest destiny' (for such it is) cannot further enlarge it. It is not without regret we record this fact; not on our own account so much as on account of some of our friends. Through instinct, or the gift of second-sight, or early prescience of some such catastrophe, *our* leaning has always been towards surgery, and therefore we are prepared for such a step. But among our numerous readers, there are many who—not gifted with our second-sight—not having our "prophetic souls"—not forewarned and therefore not forearmed—have not had such leaning; or, if they have, they have been condemned like our translator to "investigate febrile diseases as personally examined and investigated" by themselves. To such this wholesale annexation will be unwelcome news, it will be at least for a time calamitous. Let all such come to this goodly city and its flourishing school, which is destined to be the great centre of Townsend's surgical 'area.' In the mean time, let us all be of good cheer. As old Nautes said to Eneas when the Trojan women in a frolic had burned nearly all his ships:

'Quicquid erit, superanda omnis fortuna ferendo est.'

This sudden reverse of fortune merely exemplifies the axiom that 'power is always stealing from the many to the few.' We can dwell on the past glories of medicine—we can live again in the memory of the past. We can look at the blue and red stripes of the barber's pole, and recall that time when *we*, the doctors, lorded it over the surgeons; when surgeons were barbers and barbers were surgeons; when they smoothed rough chins and plastered sore shins, anointed the head and bled, prepared pomatums and mixed medicamentums, paired nails and pulled teeth, dressed bag-wigs and set broken legs; in short, when, besides their tonsorial offices, they *did* all sorts

of surgical operations "under the immediate supervision and by the advice" of us the doctors. Then they were our menials, our bondmen, our slaves; and though the tables are now turned, we may look to the future with large faith and hope, knowing that 'the whirlgig of time will bring in its revenges.'

But releasing this third volume from our mordacious grasp for a moment, let us place it along side of the others, and take a look at the "*ensemble.*" There they stand, ranged like a rampart around us, constituting our visible bound whereby we are 'cabined, cribbed, confined.' They are our apparent and true horizon, above which the "atlas of two hundred figures" spreads out like a heaven of sun, moon, and stars. Verily do we 'behold the model of the world here!' No wonder the translator "prides himself on this production." Of all his numerous works this is his master-piece, or, as he would say, his *chef d'œuvre.* It is his "last and latest" offspring; and as with 'Time' so with Townsend, his 'noblest offspring is the last.' It is the keystone to the arch which spans Lethe for him; the capital to the column on which the light of the world's smile shall ever rest; the last block in the pyramid where he, like Mott, is to lie in "dazzling, enduring, and endearin gbalm" *per sæcula sæculorum!* With a "conscious conviction" of all this, he throws down his pen exclaiming, like Ovid:

> 'Quàque patet domitis [lingua anglicana] terris,
> Ore legar populi: perque omnia sæcula famâ
> (Si quid habent veri [mea] presagia) vivam.'

Why not? Is not this translation the "great store-house" of all knowledge, past, present, and to come? Does it not contain "the highly interesting and invaluable details of surgical principles and discoveries, and surgical anatomy and relations, traced down with astonishing erudition and acute discrimination, by the learned author M. Velpeau, from the earliest epochs to the present day;" also "the true history of every operative surgical process, principle or discovery, which adorn[s] or can illustrate the annals of the science, fortified

as the whole also is by direct and specific references to every name, authority, or work, ancient or modern, upon which the proofs of his assertions and citations rest?" Is it not "an inexhaustible arsenal or armory for almost every thing that is truly valuable or worthy of preservation," especially of "new matter superadded," "obtained [by the translator] at the cost of much time, and severe researches into, and a close analysis of, all that has been published in different parts of the earth?" And lastly, does it not embrace [that "precious treasure for all future time,"] "the details of the great and master operations, and discoveries, and improvements in surgical processes and principles" of his "long-cherished, personal and honored friend, preceptor and kinsman," [Dr. Mott,] "all now for the first time" "completely arranged and revised in chronological order," "successively as they emanated from his [Dr. Mott's] great practical mind, or were created into existence by his incomparable genius and consummate skill?" "together with his last and latest opinions on these matters," "booked up to the latest moment?" Why, this "first American edition" is a new Pandora's box, filled with every 'good and perfect gift'—a literary ark, from which the deluged earth might be replenished. It is the beginning of a new era in the history of the world!—the era of Velpeau, Townsend, and Mott. It is an epoch in the flight of time—a new starting point, from which time itself must be computed. Almanacs (serious as well as comic) must be changed; calendars must conform to it. We must count hereafter not *Anno Mundi* like Freemasons, nor *Anno Urbis Conditæ* like Romans, nor *Anno Domini* like Christians, nor in the year of the *Hegira* like Mahommedans, nor in the year of the Republic like Frenchmen whilom did; but *Anno Libri Conversi!*

Such being the many-sided and remarkable character of these volumes, it will create no surprise in any one to learn that the translator is completely taken with his own image as reflected in them. It is, as may well be conjectured, of gigantic proportions, vast as the images seen upon the Brocken; and while to our untutored eyes it is a 'perfect fright,' it is

to his a 'perfect love.' No beauty *dèbutante*, in full dress for her first *soirèe*, ever half so much admired her pretty face as given back by her Psyche mirror. He is the true Narcissus of authors, translators, and annotators. As Narcissus, like a good-for-nothing scamp, fled through the forest when the gentle Echo wooed him; so Townsend turns his back on Physic, panting for his embrace. Narcissus, after his hasty and ungallant retreat, stooped to quench his thirst, and while drinking, fell in love with his own image in the water; so Townsend, having snubbed Physic, while pouring an inky flood of "superadded new matter" through the pages of Velpeau, straightway falls in love with *his* image.

> 'Dumque [*scribit*], visæ correptus imagine formæ,
> Rem sine corpore amat: corpus putat esse, quod umbra est!'

How often did Narcissus kiss the deceitful waves! and his modern counterpart,

> 'Irrita fallaci quoties dedit oscula [*libro!*]'

(Ghost of the gentle Ovid—of Ovidius *Naso!* turn not up thy handsome nose at our ott interpolations!) But here the parallel must stop, for none but Townsend's 'self *can* be his parallel.' Narcissus pined and died, and was converted into a flower. But Townsend will never die! he is mortal, but immortal too! and when he leaves this earth, it will be by *translation*.

Fixing our mordacious grasp again on the third volume, we observe that the preface is mainly occupied by "reclamations." The reader will already have perceived that this remarkable translation forestalls posterity to some extent, that it pretends to sing of all the immortals 'in their order due and fit degrees,' but especially of all the American surgeons that "occupy an honorable rank in the profession." Accordingly, as a part of this scheme, two pages are occupied in the first volume in glorifying Dr. John W. Schmidt as the first man to divide the masseter muscle. A great fuss was made over this. In the second volume, the translator corrects himself, and de-

votes four pages and a half to the glorification of Dr. John Murray Carnochan as the *real* "first man" to divide the masseter muscle. This correction he makes with a great deal of alacrity and *empressement.* So fearful indeed was he of doing temporary injustice to Dr. Carnochan, that he did not wait until the second volume was through the press, but published the reclamation at once in the New York Journal of Medicine. But the ghost would not stay laid—the everlasting masseter muscle comes up again in the preface to this "third and last" volume, and this time it evidently *gravels* the translator a good deal. Dieulafoy, of Toulouse, now seems to be the man on whom the burden of this honor lies, and before whom Carnochan must 'pale his ineffectual fires.' The translator fervently hopes that this ghost is "now put forever at rest," and so do we.

Again, it was very strongly impressed on us, that M. V. Mott was absolutely "the first man *in America*" who removed the leg at the thigh-joint! This was a most wonderful feat indeed; but it turns out that it belongs to a Kentucky surgeon, Dr. Brashear, who formerly lived at Bardstown. In this case the translator informs us that "Dr. Mott cheerfully abstracts the plume from his own honored brows that can spare many and much more like this, and affixes it upon the name of the gentleman where it rightly belongs." Magnanimous Mott!

Again: In the first volume the translator takes "occasion to bestow some laudation on Dr. Mott," as the first man to institute "a medical and surgical clinique" in this country. But, small as this matter is, Dr. March, of Albany, puts in his claim; and now mark the sequel. Our translator is "ready to concede to him all the praise he is thereby entitled to;" but, he adds, "the matter of cliniques is quite an old affair all over the world, having been in common vogue for a century, or for half a century at least!" Is not that deliciously cool? Is it not better than the old fable showing how circumstances alter cases? And Dr. Mott, too, with as many plumes on his brow as a Winnebago chief!

And now we are going to put in *our* "reclamation." The translator and his sponsor both seem remarkably fond of the terms "medical university" and "university in medicine." We claim the honor of this "discovery" for the steam doctors of Alabama, and the Solons of that State who "first" gave the steam doctors a charter for the "first" "medical university." We do this "to vindicate the silent and unprotected dead," and to "rebuke the ambitious and reckless living," "a class of persons" "constantlv addicted to the pernicious habit (which to them seems a source of morbid pleasure) of decorating themselves with the plumes which righteously belong to the reputation of others." We hope that "in the next edition" MM. Townsend and Mott will cheerfully abstract this plume from their own honored brows, that can spare *many and much more like this*, and affix it where it belongs. Or will they, like Falstaff, find some 'trick,' some 'device,' some 'starting-hole to hide them from this open and apparent shame?'

But here, for the present, we must leave this "great work." The holidays are upon us, and we are scarce equal to them and Townsend together. Besides, it is unphilosophical for one to crowd all his enjoyments into the very shortest space of time. We shall therefore make another paper, and then our notices will correspond in number with these volumes. It is possible, too, that we shall wind up with a "concluding appendix" in which "justice" will be done to every body.

C.

SELECTIONS

FROM

AMERICAN AND FOREIGN JOURNALS.

Cases of Retained Placenta. By W. L. Sutton, M D. Georgetown, Ky. Case I.—*Abortion.—Placenta Retained.—No ill Effects.* On 1st September, 1822, Mrs. S. had an abortion, having menstruated about the middle of May, it being the only time since the birth of a child. The fœtus was expelled, but the placenta retained. The umbilical cord remained attached to placenta for about twenty-four hours, then separated. No fetor or offensive discharge followed. The woman recovered her health in the usual time, no unpleasant effects appearing at any time; Nor was any thing which could have been suspected to be the secundines, at any time observed. The woman lived many years, and bore four children.

Case II.—*Abortion.—Placenta Retained.—Subsequent Hemorrhage and Death.* Lucy, aborted on 10th May, 1840, being three months pregnant; the fœtus expelled, but no secundines. She seemed to improve about as well as usual after such accidents, and had returned to her employer, and been engaged in her daily work, when on 15th June she was seized with a violent flooding. It was supposed she lost a gallon of blood in a very short time, and a great deal subsequently. I saw her on 17th, when the hemorrhage had nearly ceased, but she was stupid; great paleness of the mucous membrane of the mouth; paralysis of the lower limbs; pulse rather full, but irritable. Continued to sink until death, which took place on the 21st. Stupor, and paralysis of the lower limbs and of the bladder, continued till death.

Case III.—*Abortion.—No Secundines Found.—Subsequent*

Hemorrhage. August 15th, 1847, I was desired to visit Mrs. C., who I found had lost a good deal of blood from the uterus; was doubtful as to pregnancy. Upon examining the coagula, found a fœtus apparently of about two months, which corresponded with her history of her menstruation. No secundines could be found. 17th. The hemorrhage, which had nearly ceased from the expulsion of the fœtus, recurred very freely, and continued for some hours, and then abated. I examined a considerable quantity of the coagula, but could detect no placenta; but I had not an opportunity to examine all the coagula. As the hemorrhage had subsided, and as nothing could be felt at the mouth of the uterus, I felt justified in hoping all had passed. She went on very much as is common after abortions except that a slight discharge continued, until 3d September, when an alarming amount of hemorrhage again took place. Still nothing was to be found at the os uteri. The sponge, impregnated with vinegar, was used, and powders of lead, ipecac. and opium administered; which seemed to arrest the flooding. When removed, the sponge had a very offensive smell, and was colored black, which could not be washed off. A small, but very offensive discharge continued about a week, for which injections of chamomile tea, with a particle of lime infused, were used.

Remarks. These cases have caused considerable reflection in my mind. It would seem, from what I have read upon the subject, that the retention of the secundines, at an early period of pregnancy, need not give rise to any apprehension of danger. Thus, Rigby (System of Midwifery, p. 359), says:—"Cases of abortion have occasionally been observed, where the embryo has escaped, but the secundines never come away, although the discharges, &c., have been watched with the greatest attention. After a time, the menses have returned, the patient has again become pregnant, and has passed through her labor at the full term, without anything unusual occurring." Nothing is intimated that unpleasant consequences ever follow. It is true, that a case is mentioned in the American Journal of Medical Sciences, v. iv., p. 511, in which it is said, "the lady remained in indifferent health for three months," when the secundines were expelled. But I am not aware of any case on record in which serious and alarming symptoms have supervened. Is such the experience of the profession? or have cases been lost sight of, and considered as having done well, because nothing more was heard of them? Have I been less fortunate than others? or am I wrong in having attributed the hemorrhage which occurred in two out

of three cases, which I have seen, to the retention of the placenta? I have always supposed that the hemorrhage and death in case 2d was occasioned by the retention, although the woman was thought, and considered herself, well, and had returned to her ordinary labor. I am every way satisfied in my own mind, that the hemorrhage in the 3d case was owing to a retention, proved sufficiently, I think, by the offensiveness of the discharge, and the discoloration of the sponge used as a tampon. Therefore it appears to me that the condition of the woman, with retained secundines, even at an early month, is not so safe as is supposed by many. How is this state of things to be obviated? Truly I do not know. No one, I presume, would feel authorised to poke a hook into the uterus, with no guide to direct him; and the cavity of the uterus is too small to admit of any manual operations. The only alternative which I perceive is to use the ergot. This may sometimes succeed, but I know it to have failed.

Case IV.—*Protracted Labor.—Retained Placenta.—Hemorrhage.* Mrs. C., the subject of the last case, was delivered of a large child, after a tedious labor, at 3½ o'clock, P.M., October 17th, 1834. The placenta not coming readily, and considerable hemorrhage existing, I used, for want of ergot, acet. plumbi, ipecac. and opi., with frictions to abdomen, warmth to feet, and volatiles. At 6 o'clock, nothing having been gained, I introduced my hand, and found a partially separated placenta, adherent to the fundus uteri, it being uncontracted. By pressing moderately on the adherent portion of the placenta, and by insinuating the points of the fingers under the free edges, I effected a separation. After moving the placenta about for some time, rubbing it against the walls of the uterus, I extracted it. Hemorrhage continued free for some time; but eventually subsided under the use of frictions and the pills of lead, ipecac. and opium.

Remarks. This is the only case of adherent placenta which has occurred to me in a practice of twenty-eight years; if we except one which I found attached to an inverted uterus. I was guilty of mal-practice in this case, in separating and extracting the placenta before the uterus had properly contracted; and thereby exposed the woman to unnecessary hazard from hemorrhage. It is true, that I kept my hand in the uterus some time, and employed friction on the surface of the uterus; but I should have continued it until contraction took place.

Case V.—*Placenta Retained by Premature Contraction of the Os Uteri.* June 15, 1827, was desired to see Mrs. R., who

had been delivered of her first child fifteen hours—placenta retained. Upon inquiry, I learned that the placenta had been felt at the mouth of the uterus, soon after the birth of the child, but would not come away—that the umbilical cord had given way during the efforts at extraction—that a loop had been fixed over the remaining portion. Upon examination, I found it just so. The insertion of the cord into the placenta offered directly at the middle of os uteri—the mouth itself very much contracted. By gently dilating it, I was enabled to get two fingers up by the side of the placenta, and fixing them in it, turn one edge down and extract it. The woman declared that the pain of this operation was equal to that of labor.

Case VI.—*Placenta Retained by Premature Contraction of Os Uteri.* August 26, 1833, I saw a negro woman under the care of Dr. D., who had been delivered of her first child three days, the placenta retained. I found the funnel-shaped portion at the os uteri; no lochial discharge, but a very offensive fetor; slightly feverish, but no pain. A scruple of ergot was given, which produced considerable pains, which, however, produced no effect on the placenta. Waiting several hours, and finding matters no better, I introduced my hand into the uterus, and hooking my forefinger into the body of the placenta and embracing it firmly with the others, I succeeded in extracting it. This required considerable time as the mouth and body of the uterus were firmly contracted. Some idea of the firmness of the contraction may be formed, when I state, that two months elapsed before my hand had recovered entirely from the compression which it underwent whilst in the uterus. It is perhaps proper to remark, that I was in delicate health at the time, which may have prevented a more speedy abatement of these effects.

Remarks. It has been a rule in my obstetrical practice (inculcated by Prof. Hall, of the University of Maryland), as soon as I have disposed of the child, to take the chord in my left hand as a director, and run the finger of my right along it to the os uteri; if I find the funnel-shaped portion of the placenta there, insert a finger and hook it over the edge and bring it down and deliver it at once. Pursuing this course, I have not had, perhaps, a dozen placentæ expelled by the uterus exclusively, during my practice. From this practice I have at no time seen any inconvenience. On the contrary, it relieves the woman from that state of dread and perturbation, which is almost sure to take place if the placenta is not removed in a short time after the birth of the child. I do not know that this course was admissible in the last two cases;

but from the statement of the genteman in attendance upon the first, I am induced to believe it would have been in that case.

In case 6th, the ergot failed to do any good, although it evidently produced a good deal of suffering. That it would have failed, if repeatedly used, I cannot say. Dr. Dewees speaks strongly of his confidence in its powers. To be sure, that confidence was founded on analogy of its action in expelling the secundines after abortion. Dr. Porcher, however, of South Carolina (American Journal Medical Sciences, v. x., p. 391), shows that it cannot *always* be depended on. Dr. Jackson, too, of Northumberland, Pa. (Medical Recorder, v. xv., p. 362), argues against not only the efficacy, but the safety of the article in these cases. Let us look into the state of the uterus, and consider the effects of the medicine. The os uteri was firmly contracted; of course it must be dilated before the placenta could be expelled. Will the ergot cause that dilatation? I presume most men will say, that although it may produce this effect, yet we cannot calculate upon it with certainty—that it will frequently fail. If it does not produce that effect, it adds to the difficulty, by diminishing the cavity of the uterus, and also of its mouth, in consequence of producing a general contraction of the uterine fibres. If the intention is to introduce the hand if the ergot fail, we ought to change our purpose, and introduce the hand in the first instance; because the use of the ergot will inevitably increase the difficulty of the manual operation. If this view is correct, Dr. Dewees' advice to use ergot first is incorrect; and I doubt not but that I had much greater difficulty than I should otherwise have had, in consequence of following his directions.

Was it necessary to introduce the whole hand? This may be considered doubtful. It will be recollected that no one could tell whether the placenta would be found detached. In fact, after my hand was introduced, I could not say with assurance that it was detached, it was embraced with such firmness by the uterus. Again, it is doubtful whether the motions necessary to force a finger into the placenta and extract it, could have been effected with the hand mainly without. At any rate, I am satisfied that the aid of the other fingers and thumb was very serviceable in extraction.

Ought the case to have been left to nature? This is a grave question, which will be answered differently by different persons. Some, in view of the fact that the woman did as well as she possibly could under any circumstances, will say that

the treatment pursued was the best. Others, in view of the fact that many cases, left entirely to nature, do very well, the placenta in some cases being expelled at an indefinite period, in other cases not at all, will say that the woman was subjected to great and unnecessary pain. That many cases of retention have done well, is true; that many have been followed by unpleasant and fatal consequences, is likewise true. It is also true, that a woman is always uneasy and restless until the placenta is removed. Again, it is true, that no man can say of any case of retention, whether, if left to itself, it will terminate favorably or unfavorably. The idea seems to be that if air be excluded from the placenta, putrefaction will not take place and evil will be prevented. Granting this to be true, the same difficulty remains; no man can tell whether air will find access or not. Neither have we any means to prevent such access. Yet does it seem to me, that there is little probability of air finding its way up the vagina and into the uterus. I am therefore inclined to suspect that putrefaction is owing to some other cause.

In volume xxvi. of the American Journal of Medical Sciences is a very valuable paper by Dr. E. Warren, of Boston, on retained placenta, in which, however, he insists rather strongly upon the powers of nature. That she will, in many instances, accomplish wonders, is no less true than fortunate for mankind. If we had any means of judging when she would show her power, we should know when to trust her. Our profession is, I think, too prone to exhibit successful cases to the world, and keep the unfortunate ones back.* Hence we have but little means of forming a true estimate of the number of fatal cases. It seems to me, that Dr. W. has worded one of his sentences, so as to make an erroneous impression, and that that impression is likely to do mischief. Speaking of Dr. Hunter's practice of leaving the placenta to nature, he says—"Finally, some unfavorable cases occurred, and the practice was changed." This would, I think, convey the idea to most persons, that the number of cases was small. But Dr. H. was not a man to be turned from a course, which he considered right, by trifling considerations. Again, I have seen it stated, that by pursuing his course, he lost a certain number of ladies of rank in one year. I do not now remember the number, but I do remember that I thought it was quite enough to make him pause and consider his ground.

I do not wish to convey the impression, that the placenta is

*This reflection is not applied or applicable to Dr. W., so far as I know.

to be speedily removed at all hazards. I should by no means be willing to kill a man with opium, to prevent him from dying with colic. What I advocate is, that we use all due means to remove the placenta with safety to the mother. What these means are, and when they have been used, will be differently estimated by different persons of equal respectability in the profession. As a general rule, he who is best informed as to the success of means used by others, and best qualified to judge of the powers of his patient's constitution in a given case, will be most apt to do right.

Case VII.—*Quick Labor.—Hour-glass Contraction.* Mrs. P. was confined August 26th, 1840. The regular attendant being out of the place, at length I was requested to visit her. The child had been born about two hours before my arrival. Upon taking hold of the cord, and running my finger up it, I encountered an hour-glass contraction. Gave seventy-five drops of laudanum, and waited about three quarters of an hour, when I found the stricture to yield readily and permit the delivery of the placenta.

Case VIII.—*Lingering Labor.—Hour-glass Contraction.* March 3d, I saw Mrs. W. in consultation with Dr. C. She had been in labor about twelve hours. The os uteri being pretty well dilated, and the pains trifling and unavailing, we concluded to give ergot. After giving three portions, the pains became more frequent, and although very short, began to produce an effect upon the progress of labor. In about an hour she was delivered of a dead child. The placenta not presenting itself in due time, Dr. C. introduced his hand, and found an hour-glass contraction. Gave half a grain of sulph. morphia, and waited half an hour. After this interval, Dr. C. again introduced his hand, and, with slight trouble, dilated the stricture and delivered the placenta.

Case IX.—*Lingering Labor.—Hour-glass Contraction.* April 28, 1845, saw Mrs. E. with Dr. C. She had a lingering labor, for which it was considered necessary to give ergot. There being some delay in the expulsion of the placenta, Dr. C. introduced his hand and found an hour-glass contraction. We gave half a grain of morphia, and waited half an hour, when placenta was found at the mouth of the uterus and readily extracted.

Case X.—*Lingering Labor, with considerable Flooding at the commencement.—Hour-glass Contraction.* Sept. 20th, 1847, I was called to attend Judy, a negro woman, exceedingly fleshy, in labor with her thirteenth child. The membranes were represented as having given way an hour and a half be-

fore my arrival; before and after which, there had been considerable hemorrhage. There was also some after my arrival, but it soon ceased without interference. Perhaps a pint and a a half had been lost altogether. At this time, 5, P. M., the pains were trifling and at long intervals, and were said to have been in the same condition all day. The os uteri, however, was considerably dilated, but no part of the child could be felt in the common examination. At 10, the mouth was fully dilated, and the head advancing in the pelvis. At 12, the head presented at the lower strait. About this time the pains abated very much, and scarcely made any impression on the head, that little being lost at the end of the pain. Teas, &c., failing to excite contractions, at 2, A. M., ergot was given, and the child born about 3, A. M. In about half an hour, the placenta remaining beyond the reach of the finger, I placed my left hand upon the abdomen, and found, in the epigastrium, a tumor about as large as an uterus well contracted after the expulsion of the placenta, with a hard ridge extending to the pubis. I at once suspected an hour-glass contraction, and, upon introducing my hand, found it so. I gave five-eighths of a grain of sulph. morphia, intending to wait an hour. At the expiration of the time, found the patient asleep; which continuing, an hour and a half elapsed before I undertook the delivery, when I found the placenta loose, and lying at the mouth of the uterus.

Remarks. What is the cause of the hour-glass contraction? "Dr. Douglass, of Dublin, considers this condition as arising from some irritation near the mouth of this organ," and "concludes that whenever it does occur, it is produced by mismanagement." This opinion, by having been repeated by a dozen or so of the most eminent accoucheurs, has acquired much authority; yet it is not a particle more true now, than it was when first uttered. If true, how did it happen that I found that condition in the seventh case, when I suspected nothing, and expected nothing but to bring away the placenta as after ordinary labor? How came Dr. C. to find it so in cases 8 and 9? It is true that I cannot positively assert that he committed no indiscretion upon the os uteri; but I do know that he is cautious and prudent, and therefore I am not at all disposed to believe that he did. In the 7th and 10th cases, if tightening the cord and running the finger up it to ascertain the presence or absence of the placenta at the os uteri be mismanagement, then I perpetrated it in both cases; otherwise I did not. If it was mismanagement, how are we ever to manage aright;

unless indeed we trust the placenta to the powers of nature, without even attempting to ascertain what is going on?

I have heard ergot charged with producing this state. It will be observed, that in three of the four cases detailed, it was administered. But the cases in which this condition is apt to occur, are precisely those in which we are most apt to give ergot. When, therefore, we reflect that this contraction takes place in many cases of tedious labor, where no ergot is given; and, on the other hand, it is given in many cases of tedious labor with the most beneficial results, without any untoward effects, either immediately or subsequently, we shall pause before we lay this particular evil at its door. We can say that this affection consists in an irregular, a spasmodic contraction of the fibres of the uterus; but we had as well not say upon what that spasmodic contraction depends, until we know.

Is there any particular portion of the uterus to which this action is confined? Authors would seem to confine it to the neck of the uterus; at any rate, not above the commencement of the body. In case 7th, it was but a short way above the os uteri; so little, indeed, that there could scarcely be said to be a lower chamber. In case 10th, I should place it much above the union of the body and neck. I introduced nearly the one half of my fore-arm into the vagina; so that at least my wrist and hand must have been within the uterus. There was ample room to move my hand about in the lower chamber; and with my fingers extended, I ascertained the existence of the stricture, which appeared to extend directly across the body, embracing tightly the cord and a small portion of the placenta. Could a contraction of the lower portion of the body afford such room in the lower chamber? I apprehend not. I did not introduce my hand in either the 8th or 9th case; but from Dr. C.'s account, I consider them as very parallel to the 10th. He indeed is disposed to locate the stricture very close to the fundus.

I do not know that any writer or teacher advocates the use of opium in this affection; and yet it is one in which we should expect it to be beneficial. If there was a spasmodic contraction of any other muscle, opium is the very thing which would present itself to my mind. Again, so far as my experience goes, the parts concerned are exceedingly tender; so much so, that the bare examination necessary to ascertain the existence of the contraction, inflicts much suffering. What torture a woman must suffer, who undergoes the dilatation of parts so excessively irritable, without a previous anodyne, no

man can tell, even after witnessing the operation. On the other hand, in two of the four cases, when the attempt to remove the placenta was about to be made, the placenta was found lying loose at the mouth of the uterus. Is there fear that an anodyne will prevent the tonic contraction of the uterus? This last is much more apt to take place when the irregular contraction is removed, than during its continuance. In none of the cases was there any hemorrhage either before or after the administration of the ergot; neither was there any bad effect whatever from its use. If, then, the use of opium is safe as a means of facilitating the dilatatiou of the stricture, or of preventing altogether the necessity of the operation, performing this operation without a previous anodyne must be considered downright cruelty.

Whether the placenta was attached in any one instance when the anodyne was administered, or not, of course is not known.—*Boston Med. and Surg. Jour.*

Fatal Hemorrhage from the Umbilical Cord three days after Birth.—Dr. Keller stated on a recent occasion that he had been called upon to examine the subject of the following case of *fatal umbilical hemorrhage*, which recently occurred in the practice of a gentleman in town.

About half past one, P. M., on Tuesday, the 3d instant, Mrs. ——, aged 29, was delivered of her third, a fine plump male child. The infant continued quite well until five o'clock, when it began to vomit a quantity of green bilious matter. On Thursday morning, however, the child was apparently well, being able to suck greedily, but again vomited towards the afternoon. About two, A. M., on Friday morning, the mother first discovered that the binder, &c., of the child were "soaked with blood from the navel." (She stated that she had changed the linens of the infant about twelve P. M., and did not then notice the existence of any bleeding.) The practitioner who delivered her was immediately sent for, but could not visit at the time; he, however, told the parties to apply a ligature below the one that was already around the cord, but they did not *deem it their duty to interfere*, "but preferred waiting until the gentleman could find it convenient to come and tie the cord himself," which was not until between four and five o'clock, when he visited and examined the bleeding point which was at the root of the cord, and applied to it the nitrate of silver, which seemed at the time to be sufficient

to prevent the farther continuance of the hemorrhage. Before half an hour had elapsed, however, he was again summoned, when he tied a ligature around the umbilicus, embracing a portion of the skin which formed its circumference. This treatment, however proved too late; the child died in a very few minutes after the application of the ligature.—*Monthly Jour. of Medical Science.*

Observations on the Cases of Yellow Fever received into the Marine Hospital, Charleston, from July, 1834, to November, 1838. In accordance with your request that I would furnish you with a report of the cases of yellow or strangers' fever, which came under my observation during the period of my official attendance at the Marine Hospital in this city; I have submitted a hurried, and I fear imperfect sketch of the cases. Careful and particular notes were taken on every one, the publication of which would be too lengthy for your journal. I commenced my career of attendance in the Hospital in July, 1834, and resigned in October, 1838—during this period there were 1129 cases of different diseases admitted. A few weeks after my duties commenced, many cases of what is commonly termed bilious remittent fever, from various miasmatic localities, were admitted; the success of my practice on these cases was unsatisfactory, and I felt discouraged. On the 9th September, the first case of yellow fever was admitted, and the last on the 2d October—the whole number admitted were 8. Period of the disease as follows: the statement of which is very important in a report of Hospital practice, where patients are often received when the disease is out of the reach of any remedy.

1 case was admitted on the 1st day of disease.
4 do do do do do 2d do do
3 do do do do do 3d do do

Result—the one admitted on the first day recovered; o those on the second day, three died; those on the third day, two died—making the mortality five out of eight. The termination of these cases, in connexion with other cases of fever the same season, I must confess, did not tend to strengthen my experience of the efficacy of my practice, which I had strong faith in, as every practitioner pursued it in a great measure, and it was the prominent doctrine taught in the schools of medicine—the professors and the text books promulgated it as the orthodox practice. I faithfully followed the rules laid

down. I scarcely need detail the practice, as it would not be difficult for any of your readers to guess rightly. It consisted in a free use of the sampson of the materia medica, the *mercurial* "sine qua non" in all diseases, but especially the one under consideration, cathartics to the extent, that the chamber utensil must be frequently *filled* during the day and night, the contents of strong odor and highly bilious character to be kept for inspection at every visit, and for the gratification of the olfactory nerves, which were never offended, as the more odoriferous it was, the more effectually I was taught, was the medicine doing its duty.

Blood-letting, local and general, in some cases but very cautiously practised, as I had been repeatedly warned against that *awful bugbear, debility*, which "has made cowards of us all." Blood-letting never was repeated, and a small quantity was abstracted; nitrous powders, to act on the skin, was an essential item in the treatmet. After death, I sought for the cause, and I found that intense gastro-duodenits invariably existed in every instance, and if the disease lasted seven or eight days, nearly the whole tract of the intestines was inflamed, but more especially the ilium; the glands of Peyer and Brunner evidently so, and enlarged very visibly under the microscope. The liver presented no unusual appearance, notwithstanding Louis, and others, have asserted that it was yellow. The membranes of the brain were generally congested. In 1835, '36, and '37, no cases of yellow fever were admitted, but many cases of bilious remittent, which I treated with rather a less quantity of calomel, and a little more blood-letting, still fearing that some patient might pop off as soon as *I tied up the arm*. I was rather more successful, but not at all satisfied, and I felt that the treatment "was not as successful as I desired."

In 1838, the first case of yellow fever was admitted on the 23d June, and I determined to pursue the non-perturbating plan of practice. I was fully aware that I would receive encouragement from no one in the city of calomel and bile; but I reasoned that no practice could be less successful than the one I had pursued. I also knew that the non-mercurial practice had never been tried, as it was considered medical sacrilege to let any man, woman or child die of fever or any disease without the use of the wonderful "sub mur." I determined to pursue a plan of practice based on pathological principles. The first step I took was to expel from my mind the phantom debility, as I believed what was so called was caused by excessive action, not want of action; similar to the inabil-

ity of locomotion, caused by intoxication; I did not believe that the liver was the "fons et origo" of the disease; too much or too little bile did not alarm me, as I was aware that all the secreting organs were in the same condition. For these few reasons, (and many others which I will state more fully hereafter,) when the patients were admitted early in the disease, I bled freely, always in a recumbent position, as a person with a severe attack of fever cannot remain long in a standing or sitting posture, without feeling faint, and if the vein is opened in this position, this feeling is attributed to the loss of blood, even if but one oz. is taken, and it is apt to be said that the patient is bled ad deliquium. I allowed the blood to flow, until by the pulse I felt that the action of the heart was reduced. In looking over the notes of the cases, I find that the average quantity of blood abstracted from the patients who were admitted early in the disease to be about 50 oz.;* in one case when the determination to the head was very great indeed, I took 72 oz. at one bleeding.† Yellow fever is said to be a disease of one paroxysm; but I have observed evident remissions after free depletion by the lancet. Local depletion from the epigas. regions and back of the neck, was invariably resorted to—the principal medicine administered was castor oil, and, if the stomach was irritable, I found olive oil was more apt to be retained. Enemata of oil and molasses were generally used; when the skin was dry and hot the cold dash was used, and when disposed to be cool, the warm bath, with a large portion of salt dissolved in it. Iced mucilage constituted the drink of the patients. I have given you but a very crude and condensed sketch of the practice I pursued. In a future communication I hope to give you my views on the pathology of the disease, and the different remedies which have been used more fully. The following is an extract from my note book: first case of yellow fever was admitted on 23d June, 1838—total number of cases treated, 75.

* "Young Physic" and the European Dr. Samuel Dickson to the contrary notwithstanding.

† This patient was a strong robust man, I saw him soon after he was taken, he said, "Dr. if you don't make haste and bleed me, my head will burst or my heart will jump out of me." I have never felt arterial action so strong.

Day of disease.	Cases admitted.	Cured.	Died.
1st day,	13	11	2
2d "	28	24	4
3d "	20	14	6
4th "	5	1	4
5th "	4	0	4
6th "	3	0	3
	73	50	23

Two cases were admitted in a dying state, one died four hours, the other eight hours after admission; no cases recovered after black vomit; one recovered after having vomited blood freely.

Since this period I have attended with success many cases of bilious and remittent fever by the same practice, and I am perfectly satisfied with the result.—*Southern Journal of Medicine and Pharmacy.*

Cases of Periodical Asthma Checked by the Sulphate of Quinine. By Dr. J. C. Cain, M D. The subject of this case, a gentleman of this city, has had, during the last nine years, occasional attacks of asthma (the humid or catarrhal variety.) Within the last two or three years the attacks have become more frequent; in several of them the nervous phenomena were strongly marked, with sudden accession and equally sudden subsidence of the paroxysms. About the middle of April, of the present year, the attacks assumed a regular periodical character—coming on every Monday evening about 7 o'clock, and lasting until Friday or Saturday.

On Friday, 9th July, on the subsidence of one of the paroxysms, I commenced the exhibition of the sulph. quin. in the form of pill (which he preferred to the solution) in the dose of three grains three times daily. At the next periodical return, the attack was postponed at least twelve hours, that is, instead of coming on on Monday evening, it did not come on until after daylight on Tuesday morning. This time the paroxysm lasted only two days, and was slight when compared with those he had previously had. The sulph. quin. was suspended during the two days, and resumed on Thursday. The next Monday, the 19th, the paroxysm did not recur, and the patient felt very well. The pills were continued until the 1st of August; and up to the time I write (October 10th) he has not had a return of the disease.

Remarks. The foregoing case presents a striking illustration of the heroic anti-periodic properties of the sulph. quin. Its effect here was similar to that frequently observed in intermittent fever, viz: 1st, a postponement of the first paroxysm after the commencement of its administration, a diminution of its severity, and a shortening of its duration; and 2d, the prevention of the recurrence of other paroxysms. This is another instance, added to those already accumulated, which go to establish the fact that in all diseases, in which periodicity is a natural or accidental element, it is truly a specific.

Southern Jour. Medicine and Pharmacy.

Remarks on the Chemical Theory of Diet. By. R. Dick, M.D. Without at all seeking to question the ingenuity, accuracy, and importance of the late chemical researches of Liebig and others, into the nature and ultimate uses of diet, we may be allowed to observe, that, practically, the results which, according to their theories, ought to be witnessed, are far from being so universally.

In the Pampas of South America there is a numerous race who for weeks, months, and even years, eat nothing but nitrogenous food, without any intermixture of respiratory or calorifiant. These are the Gauchos—men who not only are of the most vigorous and active habits, but are, perhaps, the healthiest men of the world. Their solid aliment consists exclusively of dried cow-flesh: their drink is water: they use no bread or vegetables. So much, then, for an example of human beings living, and living in full health, on a diet exclusively nitrogenous.

Captain Abbott, also, in his Travels from Heraut to Khiva, informs us that the Kurrauks, a tribe of Tartars, live in summer "almost *solely* upon the milk of their camels, mares, and sheep, *without bread or vegetables*, knowing only at long intervals the luxury of flesh; but, as the winter pasture can furnish but a scanty supply of milk, they kill, at the commencement of winter, all their old camels, horses, and sheep, and salt them, as a winter store. *These are eaten without any accompaniment of bread or vegetable.*"—Vol. ii. Appendix, pp. 45–6. Yet these are among the healthiest and hardiest of our species.

Now, for an example of an opposite kind, we might look no further, for illustration, than Ireland, where millions of men have lived, and lived in robustness, on an aliment almost

wholly, if not wholly, destitute of nitrogenous principles, and certainly altogether wanting in formed *fibrin.* In India and in China, large masses live, almost as much from choice as from necessity, on rice, which they prefer to every other species of grain, not excepting wheat. These facts are practically at variance with Liebig's theory and the alleged necessity of a mixed diet, and make it probable, if not certain, that the death or disease which has followed the sudden change from a mixed diet to one exclusively animal or exclusively vegetable, has been rather due to the abruptness of the change, than to the change itself. By degrees, eagles have been taught to live on grain; pigeons on flesh.—*London Med. Gaz.—Southern Jour. Med. and Pharmacy.*

Case of Poisoning with Arsenic. [The details of the following case will doubtless create surprise in the minds of many. The poison was taken on Wednesday, and at 10 o'clock at night the vomiting commenced. On Thursday morning M. Louis saw him, but did not recognise the symptoms of poisoning. On Friday, Andral was called in, but he also failed to detect the symptoms of poisoning. On Saturday evening, *three days after the poison had been taken*, the symptoms were for the first time recognized; and on Sunday morning, M. Chevalier detected arsenic. Truly the Parisian *Savans* are not immaculate.—The following is an extract from the Chancellor's report to the Court of Peers.—*London Lancet.*]

"Finding himself overwhelmed by the appearances of a conviction from which he could not escape, he immediately, without doubt, adopted the determination to use the poison with which he was provided. He thought, according to all appearance, that the effect would be more prompt than it was. He certainly took the poison in the course of the Wednesday, either a little earlier or a little later, but in such a way that the evacuations which it would produce, considering the dose that he had swallowed, began at ten at night in a way to excite serious attention. The rest of the night and the following day were very bad. The evacuations had ceased at the end of Thursday, but were succeeded by great weakness. A physician of great ability, who had attended him and his family, was sent for, but did not arrive till the morning of Thursday. Notwithstanding the inquiries he entered into, and which appeared to be very serious, he did not recognize the symptoms of poison, but thought he discovered in the patient

those of an attack of cholera. He ordered the remedies usually prescribed in such cases. The rest of that day and the following night were past most painfully, but in the morning of Friday his condition seemed to be ameliorated. Having already invested himself with the power conferred by the royal ordinance rendered the day before, and which had just reached me, I thought myself bound about the middle of Friday to call in Dr. Andral officially to examine most profoundly the state of M. de Praslin. Dr. Andral came immediately to him and examined him with the greatest care, but from the improvement which had taken place he was not able to discover the true cause of the evil. At my desire he went again to the bedside of the patient, and on his return assured me that his removal to the prison of the Luxembourg might be made without inconvenience. It took place, in fact, on Saturday, at five in the morning, and, in the course of the day, I was able to interrogate him in the presence of the peers who had accepted the charge of aiding me in so laborious a task. That examination will be found in the papers before you. Although a complete avowal did not, during the whole length of it, pass the lips of the accused, the absence of all former denegation, even when the option between a yes and a no was formally given him, might well pass for an avowal. This examination could not continue any length of time, the state of weakness into which the accused had fallen did not permit it to be prolonged. He was immediately carried back to his bed, which he did not afterwards quit. The same evening, the symptoms became infinitely more grave, and all the appearance of poisoning became more evident. From that time he was treated as was proper in such a case by M. Andral, M. Rouget, the physician of the Luxembourg, and M. Louis, his usual medical attendant, it was the latter who saw him from the Thursday. On Sunday morning I ordered medical experiments to be made on the dejections of the accused of every kind M. Chevalier, who was charged with the operation, perceived very clearly the presence of arsenic in the matter submitted to him. He also discovered the presence of arsenic in a phial seized by M. de Praslin, whilst still in his hotel, and which probably contained that which he had taken. Afterwards he ascertained the presence of arsenic in the dejections which remained on an arm-chair, where M. de Praslin had been placed on the Thursday on getting out of a bath, and which had been removed to the garden in consequence of the stench proceeding from it. From Sunday morning, the aggravation of the illness, the alternatives of pain and weak-

ness which it caused, did not permit a new examination of M. de Praslin to be attempted. Only some detached phrases were drawn from him, but it was impossible to subject him to a regular examination, attempted at once, but without success. His death took place on Tuesday, and the autopsy of the body was effected by Messrs. Orfila and Tardieu, in the presence of Drs. Andral, Louis, and Rouget. The proceedings and the experiments which were afterwards instituted by Messrs. Orfila and Tardieu, fully confirmed the assertion of M. Chevalier. The conclusions come to, tend to show that the poisoning of M. de Praslin, effected by himself, in the middle of the day, some hours only after the murder had been perpetrated. The *proces verbaux*, which are before you, show that all the incidents which took place afterwards, the intervals which elapsed between them, in fine, the duration of the state which terminated in death, are the natural and usual consequences of this kind of poisoning."

The editors of the St. Louis Medical and Surgical Journal make the following remarks in the November number of their Journal.

"*On the Application of Bandages to the lower extremities in Uterine Hemorrhagy.*—We penned an article some months ago, in which we deduced from admitted principles the utility of this means of treating flooding. We had not at that time submitted the remedy to the test of experience. An opportunity was shortly afterwards afforded us by the following case: Mrs. S., of previously good health and robust constitution, had been delivered one hour, when we were called to see her on account of an alarming hemorrhagy. We found her pale, almost pulseless, sighing frequently, the head hanging over the edge of the bed—there were smart intermittent pains. On examination, the uterine tumor was found to be large and somewhat hard, a firm clot was protruding from the vagina—the external bleeding had not been very considerable. Ergot was sent for, but before it could be procured, firm clots, to the amount of a quart or more, were expelled, together with some uncoagulated blood. The state of the patient now became extremely alarming, for though the uterus was tolerably firmly contracted, and a further loss of blood, to any great degree, was not to be apprehended, the system was *already* in a state of prostration, from which we feared it would be difficult to arouse it. The

pulse could scarcely be felt—the face of a pale leaden hue, the breathing irregular. Stimulants were given; cold applications to the hypogastrum were made with but little apparent effect. Then it was that the roller was resorted to. A sheet was immediately torn into tolerably wide bands, and these were applied to both legs, commencing at the feet, and ending near the hip joint. The improvement of the patient's condition was soon evident, and in a half hour we felt that we might leave her without apprehending danger.

"Called again in six hours—patient much better. At this visit she passed the following eulogy on the roller: "As soon as it was applied, I felt that I was strengthened afresh, and my faintly feelings revived." Though aware that the roller had been eminently serviceable in the case, this confession of the patient tended no little to strengthen our faith in this highly rational method. It is not necessary to discuss the mode in which it acts, as every one will see that it is by supplying the general system with blood from the legs. Is such a mode of managing these cases not well calculated as a substitute for the difficult and dubious operation of transfusion?

"Since the publication of the article referred to by our colleague, in the number of this journal for July last, we have had an opportunity of trying the effect of bandages to the lower extremities in one severe case of uterine hemorrhage, which we subjoin in further corroberation of his views. The patient, Mrs. W., rather a weak and delicate woman, whose health has suffered from the effect of former miscarriages. On the 16th of September we were called to her at night, and found her with severe intermittent pains in the lower part of the abdomen, and a profuse sanguinous discharge from the vagina. On examination found the os uteri dilated so as to receive the end of the index finger. She supposed herself in the third month of pregnancy, and attributed her present mishap to a fall which she had some days before. Ordered one grain of opium, three of acetate of lead, and two of camphor, to be administered every half hour, hour, or two hours, aecording to the urgency of the symptoms, cold drinks, absolute rest with the head almost on a level with the body, and if necessary, cold applications to the hypogastric regions. In a few hours the severity of the symptoms subsided, and we left her for the night. On the 17th, 18th, and 19th, she gradually grew better, and our visits were discontinued, with strict injunctions as to rest, &c., &c. On the 30th we were again called to see her, and found that the pains had returned with great severity, and that the flooding was very profuse, coming away not in

clots, but warm from the uterus. Pulse exceedingly feeble and frequent, countenance palid, and complaining of general uneasiness. The most active remedies were now resorted to, including ergot (it being evident that the placenta was detached, and that the fœtus must pass off,) and the bandages. The latter were applied, about three inches wide, from the toes to near the groin of each leg. A few moments after the application, the pulse was carefully examined, and our impression was that it exhibited a decided improvement, when the patient remarked that the bandages made her feel "very comfortable." The case subsequently did well. We would not of course pretend to pass on the merits of any remedy upon the evidence afforded by a single case, but the idea is novel, and, as we think, plausible—and it is worth while to repeat the experiments. It is not unreasonable to suppose that six or eight ounces of blood may in this way be supplied to the general system, and to that extent the drooping powers of life sustained, while other remedies are brought to bear. But even admitting that it does no good in the way of supplying blood, yet if it makes the patient feel comfortable, that of itself is a sufficient reason for the use of the bandages as proposed."

Animal Heat as affected by Phthisis. By Sir Charles Scudamore.—"It is a curious pathological fact, as I have found in a very extensive examination to be verified without a single exception, that in every case of tubercular phthisis the animal heat is more or less raised beyond the healthy standard. This may be stated as a mean 96·5. It is always found highest in the morning at the time of rising from bed, with all persons. In the course of the day it is influenced by certain circumstances, and is raised by exercise; particularly in the fresh air of the country. In phthisis, I have found it range from 99° to 105°. I consider that the examination of the animal heat assists our diagnosis as to the existence of tubercles. In a doubtful case, I am pleased to find the animal heat not higher than 98°.

"It would be foreign to my present purpose to enter into the interesting, beautiful, yet difficult subject of animal heat; or attempt the consideration how far this function is to be referred to chemical action taking place in the lungs, how far to vital influence, and how far to the nervous system; but I believe it is on all hands agreed that the most immediate and influential cause of the production of animal heat is the combus-

tion of carbon, brought in the venous blood to the ramifying capillaries, in order to receive aeration and the all-important influence of oxygen introduced by the air-passages.

"In this chemical view of the subject, and to which I now confine myself, it appears, I think, surprising, when we consider how much of tuberculated lungs is excluded from the aerating process, either from the compression of the air-cells by the tubercles, or their actual occupation by these foreign bodies, that the animal heat, instead of being lower, as we might imagine, as a consequence of the surface for the aeration of the blood being greatly lessened, is actually found to be higher than in the natural healthy state of the lungs.

After relating some experiments which go to show that the quantity of carbonic acid evolved during respiration is greater in a phthisical patient than in a healthy person, our author remarks:—

"It appears to me that, in the relation of these experiments, I have offered strong evidence that in tubercular phthisis, notwithstanding the organic limitation of the function of the lungs, from the obstruction of the air-cells by tubercles, the important process of the decarbonisation of the blood, the combustion of carbon, and increased animal heat beyond the healthy standard, go on with more rapidity than in sound lungs. An increase of the animal heat does not ensue from merely quickened respiration, as is shown in the examples of running up to the top of a lofty building; nor even more than a degree in the paroxysm of spasmodic asthma. I consider, indeed, that in some cases of this kind, where almost asphyxia takes place, the reverse would happen, and the animal heat be found below the natural standard.

"There is in tuberculated lungs an increased activity of function; and hence the hectic fever, so urgent in acute phthisis, and the hectic irritation, although often hardly amounting to evident fever, in the chronic form of the disease. The actions of the animal economy, when unnaturally hurried, are not so healthily performed. We may suppose that the oxidation of the blood being effected in so rapid a manner cannot be so favorably accomplished; and also a morbid excitement prevails in the whole system. The nervous system is morbidly sensitive. Although the appetite may be good, and abundance of food be taken, yet nutrition is imperfect, and the body wastes—a consequence much to be referred to the imperfect and unhealthy performance of assimilation and sanguification; at the same time that the absorbants generally are probably thrown into a state of morbid activity."—*Medico-Chirurgical Review.*

A Case of Glossitis—Mal-treatment, nearly resulting in Death. By T. P. Bicknell, M.D. E. W———th, a lad æt. 12, was attacked about two weeks since by this rare, although not to be mistaken disease. A quack was called in, who came to the wise conclusion that it was a "difficulty!!" in the mouth!!! and ordered poultices under the chin; saying, that he would draw it to a *head*, then he *could let the matter out, and thereby effect a cure!!*"

The child grew worse rapidly; the friends became alarmed, and in about six days from the commencement of the disease, I was called to see him. I found the tongue hot, red and swollen, filling the whole cavity of the mouth, and thrust out between the teeth, appearing like a mass of raw flesh. The respiration was extremely difficult, deglutition almost impossible. I immediately made two deep incisions into the substance of the tongue, from which issued nearly a pint of dark, grumous blood, with evident relief; prescribed nauseating does of vinum antimonii every hour, and left him quite comfortable. In about three hours the incisions closed and the tongue rapidly increased in size. The quack was again called, who persuaded the friends that I was killing the child. Another quack was sent for in order to hold a consultation! They agreed as to the "difficulty!" and sagely concluded that there was matter under the chin, "which must *be let out.*" They then proceeded to puncture under the chin, and of course found no "matter;" but told the friends there would be plenty of "matter" in a few days.

The child grew worse, and was momentarily in danger of suffocation. The father came to me about twelve hours after the puncture under the chin had been made, and with tears in his eyes implored me to take charge of the patient, saying that he was satisfied the child must die under their course of treatment.

At this late period I again took charge of him. With a scalpel introduced flatways between the tongue and the teeth, I made two deep incisions nearly dividing the whole substance of the tongue from the root to the tip, from which again issued above a pint of dark offensive grumous blood, which afforded almost instantaneous relief. In twenty hours he could shut his teeth over his tongue, and articulate distinctly; on the third day he was nearly well, the incisions in his tongue healing kindly.—*Illinois and Indiana Med. and Surg. Jour.*

Sketches and Illustrations of Medical Quackery.—Homœopathy. The following case of administering powerful drugs in large doses under the guise of homœopathy, is noticed in the Medical Gazette, as having recently occurred in London:

"A lady who had been attended by a highly respectable general practitioner, recently consulted a homœopathic physician, who has acquired some celebrity in the fashionable quarter of the metropolis, for his skill in treating and *curing* diseases by infinitely small doses. She received from him four small white powders, with explicit directions, (now lying before us), one to be taken every other night,—each powder being numbered, and the night on which it was to be taken, as well as the mode of taking it, being particularly specified—'all dry on the tongue.' No. 1 was swallowed according to order, and the patient was soon afterwards seized with great sleepiness, stupor, and other alarming symptoms indicative of the action of a powerful narcotic. These effects were followed by diarrhœa. The patient was alarmed, and instead of looking upon the result as an indication of the beneficial working of homœopathic powders, or as a means of curing her of any latent skepticism respecting the efficacy of infinitely small doses, she was prudent enough to return to her old medical friend, to whom she handed the remaining powders, with the directions. This gentleman, suspecting that they contained some active narcotic, caused them to be submitted to a chemical analysis. We have now the report of this analysis before us, and of it we shall make the following abridgment. The powders were numbered 2, 3, and 4. They were *similar in appearance*, except that No. 3 was somewhat whiter than the other two: there was nothing to indicate that they were of different composition; and as they were to be taken in the same way on alternate nights, this could not possibly be suspected.

"Although there was no great dissimilarity in bulk, the powders were very unequal in weight. No. 2 weighed 3-4 grains; No. 3, 1-5 grains; No. 4, 2 grains. No. 2 was found, upon analysis, to consist entirely of calomel and *morphia*, the morphia forming not less than *one grain*. No. 3 contained no morphia or calomel. nor any mineral or other substance, but merely *sugar of milk*. No. 4 was composed of calomel and morphia, the morphia amounting to one half grain."

Pro. Med. and Surg. Jour.

On the Cutaneous Eruptions Induced by Various Medical Substances.—Opium. The eruptions which in certain individuals follow the use of the preparations of opium are always of an exanthematous nature. In general they consist of red isolated patches not unlike those of measles. This kind of eruption is rare.

The *solaneæ.*—The eruption induced by the ingestion of the preparations of this tribe of plants are also of the order exanthemata, and are as uncommon as those which are the effect of opium. The patches are larger and irregular, resembling scarlatina.

The *oleo-resins.*—All the medical substances of this class are liable to be followed by cutaneous eruptions, but none so frequently as turpentine and copaiba. The eruption very much resembles that produced by opium and belladonna, being sometimes measly, at other times scarlatinous in its appearance. It is a rare exception to see either vesicles, pustules, or papules.

Cod-liver Oil.—This medicine sometimes gives rise to a form of eczema, which appears generally about the fifth day from the commencement of its use; it is however, rarely observed.

Iodide of Potassium.—The eruptions which follow the use of this medicine are far from uniform, sometimes being eczematous, at others, pustular, as in acne. It sometimes happens that the skin escapes the action of the medicine, and that the mucous membranes are attacked instead; in such cases as we observe coryza and conjunctivitis, which cease as soon as its use is suspended, but which will not yield to topical treatment as long as the medicine is persisted in.

The discrimination of the cutaneous affections which are induced by different medicinal substances taken internally, is of no slight practical importance; we have seen ignorance of these characters and causes give rise to unpleasant mistakes.—*From Annuaire de Therapeutique, in Provincial Journal.—Buffalo Med. Jour. and Monthly Rev.*

THE WESTERN JOURNAL.

THIRD SERIES.—VOL. I.—NO. I.

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THE LATE FLOOD IN THE OHIO RIVER.

On the 19th ult. (December) the late flood reached its maximum at Louisville, which was but eight or ten inches below that of February, 1832. It was at its greatest height, on the 17th, at Cincinnati, having come within four or six inches of the deluge of the year just mentioned. It appears from the newspapers, that this great altitude was reached at all the towns above, as far as Marietta; beyond which, it was not extraordinary, the maximum at Wheeling having been eleven, and at Pittsburg, eight feet below that of 1832. Referring to the same newspaper authorities, we find, on the south side of the Ohio, that the Monongahela, was not very high; but that the great Kenawha, Guyandotte, Big Sandy, Licking, Green, Cumberland, and Tennessee rivers, were greatly swollen; many of them, indeed, beyond all precedent. Passing to the north side of the Ohio, we perceive that the Alleghany was not remarkably full, but the Muskingum rose three feet or more above the flood of 1832; and the Sciota attained to a great elevation; the Little and Big Miamies, however, fell short of many previous freshets; and the general silence of the newspapers concerning the Wabash, indicates that it did not attain any great elevation; a conclusion which is strengthened by the fact, that the Illinois was frozen over, and the Mississippi, at St. Louis, in its ordinary winter condition.

From these facts, we percieve, that the copious and long continued rains, which caused the flood, extended from the Alleghany mountains, into the western parts of Tennessee and Kentucky, and eastern parts of Indiana, being most copious on the skirts of the mountains. In length, we know this zone extended from the southern waters of the Tennessee river, to the sources of the Muskingum—equal to seven degrees of latitude, but we may learn hereafter, that one extremity rested on the Gulf of Mexico, and the other on the Gulf of St. Lawrence. Its axis was nearly north east and south west. In its early stages, this rain was accompanied, at Louisville, with thunder and lightning—in its latter it changed to snow, which continued to fall on a wet surface, till it became one of the deepest ever known in the State. But for the reduction of temperature, which thus turned the rain into snow over most of the rainy zone, the inundation would have been much deeper. The wind and clouds were from the south west.

The great flood in the lower part of the Missouri, and middle section of the Mississippi, in the summer of 1844, was produced by rains which fell in a zone running nearly from W. S. W. to E. N. E. The axis of that, would intersect the axis of the late flood, at an angle of 22°.30′ beyond the St. Lawrence.

It is, or rather was, well known, that according to Indian tradition, there was a remarkable swell in the Ohio river, not very long before the first settlement of its banks by the whites. From information collected in Cincinnati, at an early day, it is supposed to have equalled any which has subsequently occurred. Since the settlement of the country, we have had the following: 1st. In the month of March, 1773. 2d. In February, 1832, or thirty-nine years afterwards. 3d. In December, 1847, or nearly sixteen years subsequently. These freshets were so nearly the same in altitude, that they may be taken, in that respect, as identical; and as about seventy-five years have elapsed since the settlement of the country, we may not expect ever to have a higher rise. At the same time, the occurrence of the third, within sixteen years after the second, ought to suggest to those who inhabit the lower bottoms, that they may be visited more frequently hereafter than heretofore.

The floods of 1793 and 1832 were caused by rain and melted snow; that of 1847 by rain only; which explains why the Alleghany and Monongahela rivers did not rise as high, compared with the rivers below,

as in 1832. They now sent out rain water only, then rain and snow water mixed.

The great Missouri flood did immense permanent injury, by drifting sand upon the bottoms; but all inundations along the Ohio river deposit silt and increase the fertility of the soil.

It will be observed, that the whole of the great freshets have occurred between the autumnal and vernal equinoxes in December, February, and March. In January the weather is too cold. In summer and autumn the ground is so dry and hot, that, between absorption and evaporation, a great flood is likely to be averted. It might, however, occur in April or May. As bearing on the production of that from which we have lately suffered, it may be remarked, that the autumn had been uncommonly wet, and that, therefore, but little of the water which fell soaked into the ground.

THE LIVER NOT EXTIRPATED.

In our last number we gave an accout of the alleged extirpation of the liver by Dr. Thompson, of Columbia, Ohio, and as his patient was alive at the date of our latest accounts, eight days after the operation, we, of course, expressed the opinion, that the organ had not been removed, but that the mass was ovarian, and the liver, *"in a state of atrophy, from the pressure of the tumor, was pushed far up in the concave of the diaphragm, to which it might morbidly adhere."* Before our article had passed through the press, but when it was too late to insert a postscript, a letter from Dr. Thompson, to the editor of the *Ohio Statesman*, met our eye, in which he announces the death of his patient, eleven days after the operation, and a post-mortem examination on the twelfth, which disclosed that *"the morbid mass was an ovarian tumor, which had occupied the greatly increased concavity of the diaphragm, carrying the liver before it;"* the organ being *"below the medium size, and a large portion of its convex surface adherent to the diaphragm."*

We congratulate the Doctor, and all the gentlemen who advised or assisted in the operation, as well as the profession at large, on this happy disclosure. How the idea of extirpating the liver, could have entered the mind of a physician qualified and accustomed to perform surgical op-

erations, is to us as mysterious as it is mortifying. Nevertheless, our science would have stood much worse had the operation actually been performed, than it does now. An operation, which from its nature must prove fatal, should, of course, never be performed.

SAN LEOPOLDO SANITARY ESTABLISHMENT, HAVANA.

Under the above title, Dr. Dupierris, of Havana, has opened a house for the reception of invalids. The buildings have a pleasant and healthy situation on the sea shore, near the city; they are of considerable extent, and are surrounded by beautiful walks, and extensive covered galleries. The arrangements for the comfort and pleasure of sojourners there seem to be perfect. Besides this, the director resides in the house, and gives his personal attention to those who require it. Great numbers of our fellow-citizens seek Havana during the winter, and we can heartily recommend to them the San Leopoldo house of health, and its director. Dr. Dupierris is an accomplished and skilful physician, who has resided long at Havana.

INTRODUCTORY LECTURES.

Two introductory lectures of the present season have been placed on our table—one delivered by Prof. Drake to the students in the medical department of the University of Louisville; the other by Prof. Lawson to the class in the Ohio Medical College. Professor Drake entitles his lecture "Strictures on some of the defects and infirmities of intellectual and moral character in students of medicine." In the discussion, he evinces that mastery of his subject which nearly thirty years' experience as a teacher might be expected to give. The lecture is practical and to the point. It deals plainly with "the defects and infirmities" of medical students, and indicates the method by which they are to be countervailed and cured. The lecture closes with the following patriotic thoughts:

"In the fourth place, our students do not propose to themselves, that they will strive to enlarge the boundaries of our science. But why should they not? The American mind is not inferior in strength or invention to that of Europe. In the science of government—in jurisprudence—in eloquence—in war—in agriculture—in the fine and useful arts, it has

shown itself quite equal, often superior, to the European mind. Why is it, then, that *we* continue to look, almost exclusively, to our medical brethren on the other side of the ocean, and not to ourselves for discoveries and improvements? France, Germany, England, and Ireland, are respectively cultivating the profession, as if the duty of enlarging its boundaries, rested on one only. The physicians of those several kingdoms, do not turn to each other with an eye of dependence, but of emulation. In this country, the reverse prevails. To acquire a tolerable knowledge of what is done abroad, too often constitutes the sum total of the ambition of the best minds among us, while hundreds do not even aspire to that. It is time that we threw of the shackles of colonial dependence, and assumed a higher position. Once, like callow nestlings, we of necessity swallowed whatever our European nursing mothers dropped into our gaping throats; but be are no longer unfledged, and should spread out our growing pinions, and begin a life of independent activity. This resolution once taken, success would not be doubtful. But who should take it? Those who are now in, or those who are aspiring to the profession? I answer, *all*, but especially the latter—you and your fellow students throughout the Union;—for the old are too inert, the middle-aged too indifferent, and a majority of both classes too little prepared by early discipline or lofty aspirations to enter on a career of glory. Our hopes, therefore, must rest on you more than your preceptors and seniors. Would to God, my young friends, that I could kindle in your hearts a flame of patriotic ambition, so intense as to burn up every germ of *servile* dependence on the physicians of the old world! Would that I could fill your imaginations with bright and beautiful visions of the future! But should I do so, remember that the most glorious conceptions will not, of themselves, secure the objects which they embody. The conceptions of mind which tell on the progress of an individual, a class, or a nation, comprehend both causes and effects. The little child as eagerly puts forth its hands to pluck the flower which hangs beyond its reach, as that which blossoms within its grasp. Experience tends to correct this constitutional error of infancy; but in many minds the correction is so slow and imperfect, that the man, in this strait of character, remains a child; and while he indulges in captivating visions of excellence, which cost no effort, neglects the labors which alone can convert them into living realities. They who do not rise above this inferiority of our nature, will do nothing towards emancipating us from our unequal dependence on Europe. They who surmount it, will contribute to the foundation of an American profession. To this great and brilliant enterprise your *alma mater* now calls you—every one, the humblest not less than the highest, for all may contribute something. How happy would she be, to see every heart here, and in all the sister schools of the Continent, quickened into life, and filled with a moral courage equal to the task! Then, the question with the young aspiiant would no longer be—What saith the seer of other countries? but of our own, our beloved native land: then, improvement would roll onward, like a mighty

river—deep and fertilizing as the Mississirpi—transparent and uniform as the St. Lawrence! The fame of its waters would spread to other lands; and many of their young men would come and drink. American students as they traversed the ocean for the East, would then greet European students on their way to the West; and on reaching the schools of the old world, would feel no humiliation; but in the pride of a glowing patriotism, would be able to exclaim to those around them—'If we have sought the banks of the Thames and the Seine, your young men are treading those of the Delaware, the Hudson, and the Ohio.'"

Professor Lawson's lecture is written in a fervid style, and abounds in sentiments calculated to fire the ambition of his pupils. It speaks well for the good taste of his class that they asked it for publication. On the cover of the lecture is the prospectus of the Western Lancet, which hereafter is to be edited by Drs. Lawson and Harrison, and published at Cincinnati.

TRANSACTIONS OF THE PHILADELPHIA COLLEGE OF PHYSICIANS.

The Summary af the Transactions of the College of Physicians of Philadelphia, from June to November, 1847, has been published, and contains its usual variety of practical matter. The subject of *ship fever* is discussed at considerable length. The disease as it appeared in Philadelphia demanded invariably a stimulant and tonic treatment. When patients could take nutriment and stimuli freely, they generally rallied in a few days, though they regained strength very slowly.

Thg Report on the Progress of Surgery, by Dr. Parish, is highly interesting. We copy the following details respecting the use of ether in surgical operations:

"The warm approval of the leading Surgeons of Boston being thus secured, the fame of etherization rapidly spread throughout New England, and the discovery was hailed in that region with enthusiastic admiration, both on account of its intrinsic importance and of the source from which it emanated. Local pride may have participated somewhat in the feelings which animated its early advocates, and a knowledge of this may, on the other hand, have induced a feeling of distrust in the cautious and timid at a distance, lest the reports of its extraordinary properties were exaggerated. Be this as it may, there does not seem to have been the same amount of interest in the discovery throughout the United States as might have been anticipated from its vast importance.

"The medical journals of the Union, although they have generally published the statements issuing from Boston, have contained, until very recently but few original communications on the subject. The profession appear to have been incredulous, or fearful of an agent for which such remarkable properties were claimed.

"As it relates to the practice of the large hospitals of the country, (with the exception stated) we have seen no official statements of the ether having been employed, and we are inclined to believe that its use has been limited. We have understood however that it has recently been employed, with satisfactory results, at the New York hospital, and we believe that there are not a few of the surgeons of that city, who are its advocates. At the Pennsylvania Hospital, in this city, it has not been tried at all, being considered by the judicious surgeons of that institution as a remedy of doubtful safety, or at least, as not sufficiently established to warrant them in its employment.

"In the city of Baltimore, as we were recently informed by an intelligent surgeon residing there, etherial inhalation was attempted in several instances during the present autumn, but without that marked benefit which would induce the experimenters to continue it—in one instance a degree of excitement was induced by it, on the eve of an amputation, which rendered it necessary to postpone the operation—and which discouraged, for the time at least, further trials.

"In regard to the practice of Philadelphia, we know of no surgical operations performed under the influence of ether, prior to the fifth month (May) of the present year. In the early part of this month, Dr. Gibson performed an amputation of the finger of a medical student who was etherized, and the result was perfectly satisfactory. In the same month, Dr. Horner extracted a cancerous breast under the use of ether, but the patient was so excited as to embarrass the operation, and the trial was considered a failure. In the summer, Dr. Pancoast used ether in an operation for hemorrhoids, with the happiest effect. Subsequently to this, Dr. J. K. Mitchell, who had visited Boston, mainly with a view of informing himself upon the subject, employed it successfully in several important cases; and within the past month, several large operations involving risk to life have been performed by Dr. Mutter upon etherized patients, at the clinic of the Jefferson Medical College. Two of these, one a case of extirpation of schirrous testicle, and the other of a fungus tumor of the eye-ball, requiring the excision of the organ, were witnessed by your committee, and the results so far as the safety and efficacy of the ether were concerned, were entirely satisfactory; since then your reporter has excised a small tumor from the head of a lady under the influence of ether; the patient being entirely conscious of the operation, and yet suffering no pain. All these patients recovered, without an unpleasant symptom, in the usual period.

"Still more recently, several important operations upon etherized patients have been performed at the clinic of the University of Pennsylvania, and the results, as we are informed, have been entirely satisfactory

in preventing pain, though one patient who was subjected to an amputation of the leg, was apparently laboring under great uneasiness during the operation, notwithstanding he stated afterwards that he had not suffered. In another case of the fissure of the anus, a most painful operation, the patient was not aware that the operation had been performed until convinced of the fact by the bystanders. A case of extirpation of the eye-ball was equally successful."

TREATMENT OF IDIOTS.

We have received an exceedingly interesting pamphlet on the treatment of Idiots, the production of Mr. George Sumner, of Boston, whose letter to the Mayor of that city on Prison Discipline we had occasion to notice some months since. The remarkable fact has been established, as appears from Mr. Sumner's narrative, that idiots are susceptible of education. We are compelled by want of room to postpone a full notice of this valuable document, but shall endeavor to give the substance of it in our next number.

EPIDEMIC CHOLERA.

This fearful epidemic appears to be advancing upon Europe in a course very similar to the one it pursued sixteen years ago. We have not had leisure to prepare our promised notice of its progress for this number, but hope we shall be able to do so for our next.

HEALTH OF THE CITY.

Typhoid fever seems to be establishing itself in our city as one of our indigenous diseases. Within a few days we have heard of several cases, one of which, in a young man aged about 21 years, had a fatal termination.

POISONING BY ARSENIC.

A case was tried before the Jefferson Criminal Court, at its last term, of an attempt to poison by arsenic. We have been promised by the attending physician a full history of the case.